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County Borough of Blackburn

EDUCATION COMMITTEE

Annual Report

upon the

School Medical Service

FOR THE YEAR 1934

by

V. T. THIERENS
M.B., Ch.B., D.P.H.
School Medical Officer

BLACKBURN:
"THE TIMES" PRINTING WORKS, NORTHGATE.

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MEMBERS OF THE EDUCATION COMMITTEE,

December, 1934.

The Mayor (Alderman C. A. Critchley, J.P.).

*†Alderman Sir William Forrest, O.B.E., J.P. (Chairman).

* Alderman L. Bates, J.P. (Vice-Chairman).

*Alderman H. Watson, J.P.
*†Alderman W. H. Grimshaw, J.P.
*† ,, J. Smethurst
Councillor Carmichael.
†* ,, Cross.
,, Culshaw.
†* ,, Dowdall.
†* ,, Eddie.
†* ,, Greenwood.
* ,, Grimshaw.
,, Hare.
* ,, B. Holden.
,, Horne.
,, Johnson.
†* ,, Mrs. Mathers-Smethurst.
†* ,, Mottershead.
,, Shorrock.
* ,, Sugden.
* ,, J. T. Taylor.
,, Vipond.
†* ,, Worden.

* The Very Rev. The Provost of Blackburn Cathedral.
*†Rev. Canon J. E. Samuel, M.A. (Chairman School Attendance Reference Sub-Committee).
*†Rev. J. E. MacKean.
* Rev. T. Singleton.
* Rev. Canon Boddington, M.A.
R. E. Hart, M.A.
J. A. Ormerod, Esq., J.P.
*†J. W. Marsden, Esq., J.P. (Chairman Higher Education Sub-Committee).
* J. Aspin, Esq. (Chairman Juvenile Employment Committee).
* J. E. Simpson, Esq.
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*†J. H. A. Swindlehurst, Esq.
* G. H. Kirby, Esq., J.P.
*†Miss Eccles, J.P.
*†Miss K. Pullon.
*†Mrs. M. A. Alty, J.P.

BRIGGS H. MARSDEN,
Town Clerk.

* Elementary Education Sub-Committee.

† School Attendance Reference Sub-Committee.

STAFF OF THE SCHOOL MEDICAL SERVICE.

Medical Officer of Health and School Medical Officer:
V. T. Thierens, M.B., Ch.B., D.P.H.

Deputy School Medical Officer:
Ian M. MacLachlan, M.D., D.P.H.

Assistant School Medical Officers:
E. D. Irvine, M.D. (Liverpool), D.P.H.
Dorothea I. Baird, M.B., Ch.B. (Edin.), D.P.H.

School Dentists:
Harry Yates, L.D.S. (Liverpool), Senior.
Alexander. E. B. Noble, L.D.S., R.C.S. (Edin.).

Ophthalmic Surgeon (part time):
J. M. Wishart, M.B., Ch.B., F.R.C.S. (Edin.).

Orthopaedic Surgeon (part time):
W. Briggs, M.B., B.S. (Lond.).

Radiologist (part time):
J. A. Sellars, M.B., B.Ch., B.A.O. (N.U.I.).

School Nurses:
A. Moran, A. Stead, J. Hacking, E. Kelly, J. Walsh, from 1/5/34

Remedial Gymnast:
Margery C. Randall, C.S.M.M.G.

SCHOOL CLINICS.

Name.	Purpose.	Where Held.	Times.
Inspection Clinic.	Special Examination of Cases Referred by Teachers, School Attendance Officers and School Nurses.	68, Victoria Street.	Wednesdays, 2 p.m.; Saturdays, 9-30 a.m.
Ophthalmic Clinic.	Prescription of Spectacles.	68, Victoria Street.	Mondays, 1-30 p.m. Fridays, 1-30 p.m.
Dental Clinic.	Dental Treatment.	,,	Every week-day (by appointment).
Minor Ailments Clinic.	Treatment of Minor Diseases of Skin, etc.	68, Victoria Street.	Every week-day, at 8-45 a.m.
,,	,,	All Saints School, Bolton Road.	Mondays to Fridays at 2-0 p.m.; Saturdays, 9-0 a.m.
Cleansing Station.	Treatment of Scabies and Cleansing of Verminous Cases.	Throstle Street.	Tuesdays & Thursdays (by appointment).
Throat Clinic.	Operative Treatment of Adenoids and Enlarged Tonsils.	Blackburn & East Lancs. R. Infirmary	Arranged as required.
,,	,, (In-Patients).	Queen's Pk. Hospital.	Arranged as required.
Remedial Exercises.	Treatment of Deformities.	68, Victoria Street.	Every week-day (by appointment).
Diphtheria Immunisation Clinic.	Prevention of Diphtheria.	68, Victoria Street.	Mondays, 10—11 a.m. Mondays, 4—5-30 p.m. Thursdays, 10—11 a.m.
X-Ray Clinic.	Treatment of Ringworm.	68, Victoria Street.	Wednesdays, 2—5 p.m.
Ultra Violet Light Clinic.	Artificial Light Treatment.	,,	Every week-day (by appointment).
,,	,,	Corporation Hospital.	Mondays, Tuesdays, Thursdays & Fridays at 2 p.m.

PUBLIC HEALTH OFFICE,
VICTORIA STREET,
April, 1935.

The Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my seventh Annual Report, the 30th of the Series, on the work of the School Medical Service.

My thanks are due to Mr. Fowler and Mr. Walsh for their accurate compilation of the statistics embodied in this Report. I wish also to express my thanks to all Members of the School Medical Staff—medical, nursing and clerical—for their loyal co-operation and assistance during the year.

The report includes an appendix contributed by Dr. E. D. Irvine, Assistant Medical Officer of Health, upon the desirability of keeping a continuous health record of all children who pass through the Health and School Medical Departments.

In conclusion, Mr. Chairman, it is once more a privilege to express my indebtedness to the Members of the Education Committee for the unfailing support which they have rendered to the Staff of the School Medical Department.

I am, Mr. Chairman, Ladies, and Gentlemen,

Your obedient Servant,

V. T. THIERENS,

School Medical Officer.

February, 1935.

Section 1.

CO-ORDINATION.

The School Medical Officer is also Medical Officer of Health. The Assistant School Medical Officer is also Assistant Medical Officer of Health, and the lady Assistant Medical Officer devotes one session per week to duties in connection with the School Medical Service. The Tuberculosis Officer (who is Deputy Medical Officer of Health and Deputy School Medical Officer) conducts routine medical inspections from time to time and, in addition, is responsible for the supervision of Tuberculosis contacts of school age. The whole of the Medical Staff are consequently familiar with the work of the School Medical Service, their duties in connection with which bring about close co-ordination between the School Medical Service and the various branches of the Health Department.

The record cards of children who have attended the Maternity and Child Welfare Centres are transferred to the School Medical Department upon the children commencing attendance at a Public Elementary School or Nursery Class. Children under the age of five who are attending School come under the care of the Education Authority, and are medically examined as soon as possible after the school career is begun.

Structural Work and Decorations carried out in the Elementary Schools.

I have to thank the Borough Engineer for the following details of the work carried out during the year:—

The following Schools were re-decorated internally during the year:—St. James's, St. Silas's, St. Matthew's, Griffin, St. Peter's C.E., Girls' High School (11 classrooms), Huts at the Grammar School.

New floors have been laid at St. Michael's and St. Thomas's School.

At Park Road School a flat ceiling has been constructed on the Upper Floor, and electric light installed.

Tennis Court at Girls' High School has been re-asphalted.

New heating boilers have been installed at St. Silas's and St. Mary's C.E. Schools.

The Conveniences at the whole of the Schools have been whitewashed during the year, and all the roofs, gullies, etc., of the Council Schools overhauled.

SANITARY ACCOMMODATION IN SCHOOLS.

A survey of the sanitary accommodation available for scholars attending the Elementary Schools in the Borough was made towards the end of the year.

The following is a table showing the sanitary accommodation available in the Blackburn Schools:—

Table I.

		Water Closets				Urinals	
	School Population	No. of pedestal W.C.'s flushed with separate cisterns	No. of pedestal W.C.'s flushed with automatic cisterns	No. of trough closets together with No. of seats flushed		No. with sparge pipes	No. without sparge pipes
				Automatically	By Hand		
Accrington Road C.	268	30	...	...	...	14	...
Audley C.	683	39	...	...	...	20	...
Bank Top C.	284	2	...	...	12	6	10
Bangor Street C.	537	...	26	...	...	18	...
Blakey Moor Central	828	7	28	...	...	20	...
Cedar Street C.	366	18	...	...	...	16	...
Christ Church C.E.	579	...	15	6	5	7	8
Emmanuel C.E.	328	...	...	21	...	...	30
Furthergate C.	245	...	...	14	...	8	...
Four Lane Ends C.	158	...	...	8	...	...	10
Griffin C.E.	262	2	12	...	...	10	6
Holy Trinity C.E.	413	1	16	...	...	5	10
Intack Council	461	20	...	...	..	12	...
Lower Darwen C.	98	...	9	...	...	.	5
Mill Hill C.	276	7	16	...	...	...	20
Moss Street C.	256	2	11	...	...	5	5
C. of E. Central	697	2	13	...	...	18	...
Park Road C.	299	13	...	...	...	...	5
Regent Street Special	12	2	6	...	...	3	...
St. Aidan's C.E.	258	12	4	...	...	10	...
St. Alban's R.C.	878	21	...	...	...	...	10
St. Alban's Hr. Grade (Boys)	188	6	...	...	..	...	10
St. Anne's R.C.	687	3	...	20	...	...	9
St. Andrew's C.E.	167	...	...	11	...	...	6
St. Barnabas' C.E.	364	...	13	...	...	...	8
St. Bartholomew's C.E.	232	...	...	13	...	...	12
St. Gabriel's C.E.	148	...	...	7	...	...	4
St. James' C.E.	61	...	3	4	...	8	...
St. James' C.E. (Black-a-Moor)	70	...	...	10	...	2	6
St. James' C.E. (Guide)	201	1	9	...	...	...	8
St. John's C.E.	479	...	...	23	...	9	...
St. Joseph's R.C.	496	...	...	14	...	...	9
St. Luke's C.E.	261	...	14	...	...	...	9
St. Peter's R.C.	496	2	25	..	...	17	...
St. Michael's C.E.	166	...	...	6	7	12	...
St. Matthew's C.E.	363	1	...	12	...	...	10
St. Mary's R.C.	559	1	..	10	...	4	4
St. Paul's C.E.	366	...	13	...	...	20	...
St. Peter's C.E.	180	15	...	...	...	..	15
St. Stephen's C.E.	290	1	...	21	...	7	...
St. Silas' C.E.	352	...	16	...	...	12	...
St. Thomas' C.E.	473	...	12	...	...	...	12
Sacred Heart R.C.	131	1	...	7	...	2	2
Wensley Fold C.E.	238	2	8	...	...	12	...
Witton C.E. (Infants)	48	..	6	...	...	6	...
Roe Lee Park	245	18	...	...	...	18	...
JUVENILE UNEMPLOYED TRAINING CENTRE SCHOOLS.							
Maudsley Street	...	1	...	9	...	8	...
Audley Range	...	...	...	13	...	9	...

There are no pail closets.

COST OF SCHOOL MEDICAL SERVICE.

For the Calendar Year 1934.

I am indebted to the Borough Treasurer, Mr. R. G. Pye, for the following particulars :—

EXPENDITURE :	£	s.	d.
Salaries	3895	15	6
Operative Treatment	421	1	0
Printing, Stationery and Advertising	46	4	9
Drugs, Materials, and Apparatus	307	8	9
Repair and upkeep of Premises	132	18	10
Rent, Rates and Taxes	320	4	8
Fuel, Light and Cleaning	464	3	6
Conveyance of children	11	2	6
Travelling Expenses	18	10	2
National Insurance	18	15	6
Use of Slipper Baths	86	5	0
Fire Insurance	3	1	9
Uniforms	58	14	6
Interest	37	8	5
Sinking Fund	71	14	10
Sundries	5	18	5
	5899	8	1
RECEIPTS :			
Services of Staff to Health Department	141	0	1
Sale of Spectacles	55	13	3
Operation Fees	6	19	6
Dental Clinic Fees	5	17	9
Use of Ambulance	10	15	9
Rent—All Saints' Clinic	30	0	0
	250	6	4
Net Expenditure	5649	1	9

The rateable value of the Borough at 1st April, 1934, was £709,563 (the sum represented by a rate of 1d. in the £ being £2,675). The net cost of medical inspection and treatment in both elementary and secondary schools for the twelve months ended December 31st, 1934, was £5,649 1s. 9d., compared with £5,663 19s. 8d. in the year 1933. The Government Grant was half the net expenditure, hence the net cost to the rate was £2,824 10s. 11d.

The cost of the School Medical Service for 1934 per child on the school rolls was 7/2.488d. gross and 3/7.244d. net, and the cost as a decimal part of a penny rate was 2.112 gross and 1.056 net.

SCHOOL POPULATION AND AVERAGE ATTENDANCE.

There are 17 Council and 30 Non-Provided Schools in the town. The following Table gives particulars of attendances thereat during 1934:—

Table 2.

	No. of Schools	No. on Rolls	Average Attendance	Percent. Attendance
Boys		2427	2247	92·5
Girls		2414	2223	92·0
Mixed		5982	5514	92·1
Infants over 5		3622	4044	83·3
Infants under 5		1231		
		15676	14028	89·1
SCHOOLS :				
Church of England	24	7051	6249	88·6
Roman Catholic	6	3491	3141	90·0
Special Council	3	5134	4638	90·0
Council	14			
Total	47	15676	14028	89·1

The decrease in the number of children on the school rolls was 583, as compared with an increase of 39 in 1933. Church of England Schools showed a decrease of 212; Roman Catholic a decrease of 95; and Council a decrease of 276. The figures for 1922 to 1933 are given below for purposes of comparison :—

	No. on Rolls	Average Attendance	Percent. Attendance	Infants on Rolls
1922	18,250	16,039	87.8	——
1923	17,964	15,851	88.2	——
1924	17,522	15,110	86.2	5,422
1925	17,357	15,009	87.9	5,832
1926	17,065	15,009	87.9	6,129
1927	16,753	14,714	87.8	5,976
1928	16,433	14,489	88.1	5,902
1929	16,087	14,119	87.7	5,739
1930	15,935	13,949	87.5	5,589
1931	15,948	13,987	87.6	5,473
1932	16,220	14,544	89.6	5,201
1933	16,259	14,148	87.0	5,037

Section 2.

MEDICAL INSPECTION.

The arrangements for Medical Inspection are as described in the Report for 1933.

FINDINGS OF SCHOOL MEDICAL INSPECTION.

Table 3.

Name of School	Entrants 5 to 6 years of age				Intermediates 8 to 9 years of age				Leavers 13 to 14 years of age			
	Number Examined		Parents Present		Number Examined		Parents Present		Number Examined		Parents Present	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Accrington Road C.	—	—	—	—	—	—	—	—	42	38	12	7
Audley C.	30	13	21	13	28	28	18	16	57	68	7	7
Bank Top C.	18	9	15	6	10	6	5	3	10	14	2	2
Bangor Street C.	—	—	—	—	—	—	—	—	79	78	16	32
Blakey Moor Central	—	—	—	—	—	—	—		125	87	12	19
Cedar Street C.	15	40	15	35	23	16	15	14	—	—	—	—
Christ Church C.E.	31	35	25	30	40	34	10	21	9	8	2	—
Emmanuel C.E.	—	—	—	—	14	15	3	5	6	5	—	1
Furthergate C.	32	26	28	22	13	19	6	9	—	—	—	—
Four Lanes End C.	16	11	16	11	10	11	5	5		—	—	—
Griffin C.E.	15	11	11	11	10	12	5	6	7	3	2	1
Holy Trinity C.E.	34	41	31	31	11	14	3	6	13	11	3	6
Lower Darwen C.	8	—	7	-	9	2	6	1	—	1	—	—
Mill Hill C.	12	31	8	22	5	12	5	10	11	14	1	2
Moss Street C.	19	14	11	9	11	16	5	8	7	1	—	—
C. of E. Central	—	—	—	—	—	—	—	—	127	112	9	48
Park Road C.	24	18	19	14	16	18	9	9	-	—	—	—
Roe Lee Park C.	44	40	34	36	22	10	18	9	—	—	—	—
Intack C.	36	28	20	20	20	31	11	19	-	—	—	—
St. Aidan's C.E.	11	17	9	12	11	15	3	10	11	9	2	5
St. Alban's R.C.	50	46	40	33	32	27	6	13	10	43	3	12
St. Alban's Hr. Grade (Boys)	—	—	—	—	—	—	—	—	61	—	4	—
St. Anne's R.C.	45	35	40	28	39	33	12	24	31	30	10	14
St. Andrew's C.E.	7	10	7	10	9	6	4	3	7	7	—	—
St. Barnabas' C.E.	15	12	12	10	17	11	6	7	17	8	2	3
St. Bartholomew's C.E.	—	—	—	—	7	12	—	8	10	7	—	—
St. Gabriel's C.E.	15	7	13	7	11	6	7	3	—	—	—	—
St. James' C.E.	14	16	12	13	19	11	15	7	1	1	1	—
St. James' C.E. (Black-a-Moor)	6	3	3	2	4	—	1	—	4	2	—	1
St. James' C.E. (Guide)	5	6	5	5	7	7	6	6	3	—	—	—
St. John's C.E.	37	26	32	26	24	24	9	16	7	1	2	1
St. Joseph's R.C.	24	23	20	18	22	24	9	11	14	33	5	5
St. Luke's C.E.	19	10	13	5	13	11	2	7	10	7	2	4
St. Michael's C.E.	9	10	6	8	11	3	8	3	—	—	—	-
St. Matthew's C.E.	21	15	11	14	22	10	8	5	9	3	3	1
St. Mary's R.C.	34	31	23	23	14	26	3	13	13	22	2	8
St. Paul's C.E.	—	—	—	—	18	10	8	6	14	13	3	2
St. Peter's C.E.	13	18	8	10	10	18	4	3	—	—	—	—
St. Peter's R.C.	19	21	13	15	18	20	10	12	20	14	4	7
St. Stephen's C.E.	12	21	12	17	16	11	8	8	3	6	—	—
St. Silas' C.E.	30	21	23	19	21	17	14	12	—	—	—	-
St. Thomas' C.E.	23	29	17	21	27	24	—	17	21	14	1	1
Sacred Heart R.C.	10	6	9	4	8	8	5	6	1	4	—	2
Wensley Fold C.E.	—	—	—	—	11	12	3	5	11	7	—	1
Witton C.E. (Infants)	9	8	7	6	—	—	—	—	—	—	—	—
Totals	762	708	596	566	633	590	275	346	771	671	110	192
	1470				1223				1442			

TABLE SHOWING ATTENDANCES OF PARENTS AT ROUTINE MEDICAL INSPECTIONS.

Table 4.

	No. Ex'd.	Parents Present	Percent Parents Attendances.	Boys	Girls	Percent of P'ent Attendances 1933.
Entrants	1470	1162	79·0	78·2	79·9	75·8
Intermediates	1223	621	50·7	43·4	58·6	53·6
Leavers	1442	302	20·9	12·9	28·6	20·6
Total	4135	2085	50·4	45·2	56·0	45·9

NUMBER OF ROUTINE INSPECTIONS, 1930—1934.

Table 5.

Code Group.	1934	1933	1932	1931	1930
Entrants	1470	1097	1556	1527	1854
Intermediates	1223	1285	1299	1478	1591
Leavers	1442	1679	1082	806	867
Total	4135	4061	3937	3811	4312

Parents are invited to attend the Routine Medical Inspection of their children in school and all medical examinations at the Inspection and Special Clinics.

The percentage of parental attendances is slightly higher than during 1933.

FINDINGS AT ROUTINE MEDICAL INSPECTIONS.

Table 6.

UNCLEANLINESS.

Groups	Condition of Head					Condition of Body				1933 %age Clean	
	Clean	Dirty	Nits	Pediculi	%age Clean	Clean	Dirty	Flea bitten	%age Clean	Head	Body
Entrants :											
Boys	739	...	23	...	96·9	754	...	8	98·9	92·5	98·0
Girls	563	...	143	2	80·0	700	...	8	98·8	73·4	98·0
Intermediate :											
Boys	608	...	24	1	96·0	619	1	13	97·7	90·3	95·4
Girls	395	...	191	4	66·9	579	...	11	98·1	65·3	96·3
Leavers :											
Boys	749	...	22	...	97·1	757	2	12	98·1	95·6	95·6
Girls	502	...	168	1	74·8	664	...	7	98·9	75·9	98·0
Totals :											
Boys	2096	...	69	1	96·7	2130	3	33	98·3	93·6	96·2
Girls	1460	...	502	7	74·0	1943	...	26	98·6	71·9	97·4
Combined Total	3556	...	571	8	86·0	4073	3	59	98·5	83·1	96·8

An increase of 2.9 per cent. occurred in the head cleanliness figures, and an improvement of 1.7 per cent. was noted in body cleanliness as compared with 1933.

Table 7.

	Percentage of Clean Heads		Percentage of Clean Bodies	
	Boys	Girls	Boys	Girls
1910-1914 inc.	54%			
1920-1923 inc.	93·2		98·1	
1924	98·4	74·1	95·9	92·2
1925	96·9	78·3	96·0	91·5
1926	93·5	64·4	93·6	95·5
1927	96·2	80·0	94·3	94·0
1928	97·6	77·1	96·7	96·8
1929	97·7	76·0	96·6	96·5
1930	98·6	78·4	97·7	97·6
1931	97·0	74·1	97·5	97·6
1932	98·0	79·3	96·0	96·7
1933	93·6	71·9	96·2	97·4
1934	96·7	74·0	98·3	98·6

Although there are still far too many children who cannot be classed as free from vermin or nits, there is no doubt that the persistent efforts of the School Medical Staff in regard to cleanliness have resulted in an all-round improvement amongst the school population. This is not fully reflected by the above figures, since a child whose head shews only a few nits must still be classified as "unclean." Although the parents are advised as to the best methods of cleaning the hair, it has been found necessary to prosecute two parents for failure to carry out advice given. In both cases the bench inflicted monetary penalties.

Table 8.

CLOTHING AND FOOTGEAR.

	Entrants.	Intermediates.	Leavers.
Clothing—			
Satisfactory	1459	1204	1429
Unsatisfactory	11	19	13
Percentage satisfactory	99·2	98·4	99·0
Footgear—			
Satisfactory	1466	1203	1419
Unsatisfactory	4	20	23
Percentage satisfactory	99·7	98·3	98·4

The subjoined Table gives the findings during 1934, compared with 1933.

Table 9.

PERCENTAGE SATISFACTORY.

	1934		1933.	
	Clothing	Footgear	Clothing	Footgear
Boys	98·5	98·7	99·2	98·6
Girls	99·4	99·0	99·4	99·6

The percentage of children found to be satisfactorily clothed and shod approximates to the figure for 1933.

That children should be adequately shod is very evident, as the risk of contracting colds and rheumatism is increased if the and indicate the necessity of immediate medical attention. By such care much can be done to reduce the risk of supervening heart disease and to limit its progress if already developing.

I would also emphasise the importance of not underclothing children, and the necessity of providing them with suitable footwear, particularly in the case of those who are, or have been, subject to rheumatic aches and pains, as the avoidance of damp and chills is a recognised precaution against rheumatism.

Many of the rheumatic children met with in the course of School Medical Work are of intelligence above the average, and certain of their parents, naturally anxious for scholastic success, are apt to under-estimate the importance of growing pains and recurrent sore throats in their children. To many mothers it appears a needless precaution to insist upon school exclusion, complete rest and medical attention in respect of children suffering from growing pains, a condition all too often regarded not only as normal but also as a sign of strong physique. The obvious abnormality of chorea (St. Vitus' Dance) and its associated "clumsiness" cause a more sensible view to be taken by the parent, but even this condition frequently lacks the attention which it merits.

Table 14.

CHEST COMPLAINTS (other than Tuberculosis).

	M	F	Percentages M	Percentages F	Total Percentage	Total Percent. 1933
Entrants	98	64	12·8	9·0	11·0	15·8
Intermediates	41	24	6·4	4·0	5·3	6·8
Leavers	45	15	5·8	2·2	4·1	2·4
Totals	184	103	8·5	5·2	6·9	7·4

The percentage of children ascertained to be suffering from non-tubercular chest complaints is slightly lower than in 1933.

TUBERCULOSIS.

Table 15.

CHILDREN REFERRED TO THE TUBERCULOSIS OFFICER.

	M	F	TOTAL
Positive	—	—	—
Pre-Tubercular	2	—	2
Others	9	11	20
Bone or Joint Tubercle	—	—	—
Glands or Skin Tubercle	1	2	3
Spine	—	—	—
Abdomen	—	—	—
	12	13	25

Table 16.

NOTIFICATIONS OF AND DEATHS FROM TUBERCULOSIS IN CHILDREN OF SCHOOL AGE.

	No. of Primary Notifications				No. of Deaths			
Year	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
1934	1	1	6	1	—	1	2	—
1933	4	1	8	10	—	2	—	3
1932	2	2	8	6	—	2	2	—
1931	6	4	13	7	2	—	2	1

The number of cases referred to the Tuberculosis Officer were greater than in 1933 or 1932, during which years 6 and 18 cases respectively were referred.

The number of notifications in respect of school children were less than in 1933 or 1932. There were two deaths less than in 1933, and one less than in 1932.

The ages at death in the fatal cases were :—

		5 to 10 years	10 to 15 years
Pulmonary	M	—	—
	F	—	1
Non-Pulmonary	M	1	1
	F	—	—

Table 17.

NOSE AND THROAT.

	Entrants.		Inter-mediates.		Leavers.	
	M.	F.	M.	F.	M.	F.
NOSE :						
Deflected Septum	2	—	3	1	9	5
Other Defects	17	12	25	13	37	16
TONSILS :						
Slight Enlargement	120	91	101	82	160	79
Much Enlargement	158	162	143	86	67	110
ADENOIDS :						
Present alone	11	6	7	4	1	1
Mouth Breathers	29	7	19	10	37	11
Enlarged Tonsils and Adenoids (but not Mouth Breathers)	25	13	7	5	4	5
GLANDS : CERVICAL :						
Palpable	278	222	205	160	230	229
Visibly Enlarged	4	3	5	2	—	5

PERCENTAGES FROM ABOVE TABLE.

	1934			1933		
	En-trants.	Inter-medi-ates.	Leav-ers.	En-trants.	Inter-med-iates.	Leav-ers.
Abnormalities of Tonsils	36·1	33·6	28·8	48·3	44·6	38·2
Adenoids	6·1	4·2	4·0	4·8	5·0	3·5
Enlarged Glands	34·5	30·4	32·1	38·7	48·1	39·3

Table 18.

DULL AND BACKWARD CHILDREN.

Groups	M	F	Total	Per-cent
Entrants	5	2	7	0·5
Intermediates	12	4	16	1·3
Leavers	10	1	11	0·7
Totals	27	7	34	1·0

Table 19.

SKIN DISEASES.

	Entrants		Intermediates		Leavers		Totals	
	M	F	M	F	M	F	M	F
Ringworm—								
Body	—	—	—	—	—	—	—	—
Scalp	—	1	1	1	—	1	1	3
Impetigo ..		3	3	1	1	2	4	6
Scabies	—	—	—	—	—	—	—	—
Other	17	11	12	7	16	24	45	42
Totals	17	15	16	9	17	27	50	51

PERCENTAGE INCIDENCE (Routine Examination).

	1933		1934	
	Boys	Girls	Boys	Girls
Entrants	1·9	1·1	2·2	2·1
Intermediates	1·8	0·4	2·5	1·5
Leavers	0·9	1·1	2·2	4·0
	1·4	0·9	2·3	2·5

Table 20.

EYE TROUBLES.

EXTERNAL EYE DISEASE.

Complaint	Entrants		Intermediates		Leavers	
	M	F	M	F	M	F
Squint	34	23	20	17	15	14
Blepharitis	14	10	18	10	26	7
Conjunctivitis	...	...	...	1	2	...
Corneal Opacity	...	...	...	...	1	...
Other Defects	2	5	9	5	4	3
	50	38	47	33	48	24

During the year Mr. Wishart examined 67 children of pre-school age and suffering from squint. Glasses were prescribed in respect of 22 children thus examined, and the remainder received alternative forms of treatment.

The appended Table compares the percentages of external eye disease findings in 1933 and those in 1934.

	1933		1934	
	Male.	Female.	Male.	Female.
Entrants	7·3	6·1	6·5	5·5
Intermediates	8·1	6·4	7·4	5·6
Leavers	5·7	5·3	6·2	3·5

Table 21.

VISION.

Extent of Defect		Intermediate				Leavers				Total			
		M		F		M		F		M		F	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Normal $\frac{6}{6}$ or $\frac{6}{9}$......	R	565	89·3	525	89·0	670	86·9	567	84·5	1235	87·9	1092	86·6
	L	564	89·1	524	88·8	672	87·1	561	83·6	1236	88·0	1085	86·0
$\frac{6}{12}$ to $\frac{6}{24}$ ...	R	57	9·0	61	10·3	72	9·3	76	11·3	129	9·2	137	10·9
	L	57	9·0	56	9·5	72	9·3	73	10·9	129	9·2	129	10·2
$\frac{6}{36}$ or worse	R	11	1·7	4	0·7	29	3·8	28	4·2	40	2·9	32	2·5
	L	12	1·9	10	1·7	27	3·6	37	5·5	39	2·8	47	3·8

The above Table has been amplified to give the figures for vision in both eyes. If spectacles are worn and there is correct vision in one or both eyes the child is classified as having normal vision. Similarly, if spectacles do not entirely correct, the vision classified is that found whilst the spectacles are being worn.

	Intermediates		Leavers	
	M	F	M	F
Normal Vision	89·2%	88·9%	87·0%	84·1%
Moderate Visual Defect	9·0%	9·9%	9·3%	11·1%
Severe Visual Defect	1·8%	1·2%	3·7%	4·8%

COMPARISON WITH 1933—VISION LOWER THAN 6/9ths IN ONE OR BOTH EYES.

Groups	1933		1934	
	M	F	M	F
Intermediates	11·9	10·0	10·8	11·1
Leavers	13·7	15·1	13·0	15·9

The Entrant group are not examined for visual acuity at routine examinations, as the majority do not know the letters of the alphabet.

Arrangements, however, are in hand whereby children transitional between the entrant and intermediate groups are to be tested periodically for visual acuity.

During the year the 10-year-old children were examined by the School Nurses, and suitable cases were referred for ophthalmic examination.

Table 22.

DEFECTIVE HEARING.

	Entrants	Intermediates	Leavers	No. of Children inspected
Boys	10	13	18	2166
Girls	9	10	16	1969

PERCENTAGES, 1933 AND 1934.

	1933		1934		1933	1934
	Male	Female	Male	Female	No. of Child'n Examined	No. of Child'n Examined
Entrants	1·0	0·3	1·3	1·2	1097	1470
Intermediates	2·4	2·9	2·0	1·7	1285	1223
Leavers	2·1	0·6	2·3	2·3	1679	1442

Treatment of ear defects is carried out at the Minor Ailment Clinic and selected cases are referred to Mr. Wishart for opinion and treatment.

SPEECH DEFECTS.

Table 23.

SPEECH DEFECTS.—PERCENTAGE DEFECTIVE.

	Entrants	Inter-mediates	Leavers	No. of Child'n Inspected
Boys	14	17	15	2166
Girls	6	10	6	1969
Totals	20	27	21	4135

COMPARISON WITH 1933.

	1933		1934	
	Male.	Female.	Male.	Female.
Entrants	2·2	0·7	1·8	0·8
Intermediates	1·3	1·1	2·6	1·7
Leavers	1·3	0·4	1·9	0·9
Totals	1·6	0·7	2·1	1·1

TEETH.

Table 24.

1934.

	Entrants				Intermediates				Leavers			
	M.		F.		M.		F.		M.		F.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Perfect set of Teeth	258	33·9	256	36·2	191	30·2	217	36·8	457	59·2	460	68·6
One to Three Decayed	238	31·2	230	32·5	283	44·7	258	43·7	257	33·4	186	27·7
Four or more Decayed	266	34·9	222	31·3	159	25·1	115	19·5	57	7·4	25	3·7
Totals	762	...	708	...	633	...	590	...	771	...	671	...

1933.

	Entrants				Intermediates				Leavers			
	M.		F.		M.		F.		M.		F.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Perfect set of Teeth	236	41·1	200	38·2	231	34·8	248	40·0	529	60·6	551	68·3
One to Three Decayed......	189	32·9	169	32·3	305	45·9	269	43·3	305	35·0	220	27·3
Four or more Decayed......	149	26·0	154	29·5	128	19·3	104	16·7	38	4·4	36	4·4
Totals ...	574	...	523	...	664	...	621	...	872	...	807	...

The above Tables relate to the findings of the medical inspectors at routine examinations, and have no relation to the findings of the School Dentist.

Dental Inspection and Treatment are discussed in a later Section of this Report.

Table 25.

RICKETS AND DEFORMITIES.

	Entrants		Intermediates		Leavers		Totals		Percent 1934		Percent 1933	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Evidence of—												
Slight Rickets	49	37	30	30	20	24	99	91	4·5	4·6	6·9	6·8
Marked Rickets ...	8	15	2	5	3	5	13	25	0·6	1·2	0·6	1·5
Spinal Curvature	14	12	27	14	82	74	123	100	5·6	5·0	7·5	7·0
Other Deformities ..	1	4	2	4	2	1	5	9	0·2	0·4	0·2	0·6
	72	68	61	53	107	104	240	225	11·0	11·4	15·3	16·0

Table 26.

SUMMARY OF THE FINDINGS AT ROUTINE EXAMINATIONS.
(Percentages).

Condition	Entrants		Intermediates		Leavers		All Groups	
	M	F	M	F	M	F	M.	F.
Uncleanliness (Percent. clean)—								
Head	96·9	80·0	96·0	66·9	97·1	74·8	96·7	74·0
Body	98·9	98·8	97·7	98·1	98·1	98·9	98·3	98·6
Clothing (satisfactory)	99·3	99·1	97·4	99·5	98·7	99·5	98·5	99·4
Footgear (satisfactory)	100·0	99·4	98·0	98·8	98·0	98·8	98·7	99·0
Nutrition (normal)	85·3	87·2	83·2	86·1	89·4	84·9	86·2	86·1
Circulatory System (def'ts)	14·7	13·7	16·5	13·0	15·4	20·4	15·5	15.7
Pulmonary System (defects : not T.B.) ..	12·8	9·0	6·4	4·0	5·8	2·2	8·5	5·2
Defects of Nose & Throat	47·5	41·1	48·1	34·0	40·8	33·8	45·3	36·5
Enlarged Cervical Glands	37·0	31·7	33·1	27·4	29·8	34·8	33·3	31·5
External Eye Disease	6·5	5·5	7·4	5·6	6·2	3·5	6·7	5·0
Defective Vision	...	...	10·8	11·1	13·0	15·9	12·1	13·7
Defective Hearing	1·3	1·2	2·0	1·7	2·3	2·3	1·9	1·7
Speech Defects	1·8	0·8	2·6	1·7	1·9	0·9	2·1	1·1
Dental Disease (More than 4 decayed)	34·9	31·3	25·1	19·5	7·4	3·7	22·3	18·3
Skin Disease	2·2	2·1	2·5	1·5	2·2	4·0	2·3	2·5
Dull and Backward	0·6	0·2	1·8	0·6	1·2	0·1	1·2	0·3

Table 27.

NUMBER OF CHILDREN EXAMINED AT ROUTINE INSPECTIONS AND FOUND TO REQUIRE TREATMENT.

(Excluding Uncleanliness and Dental Disease).

Group	No. of Children inspected	No. referred for Treatment	Percentage referred for Treatment	1933
Entrants	1470	387	26·3	26·3
Intermediates	1223	414	33·8	35·4
Leavers	1442	532	36·8	40·2
	4135	1333	32·2	34·1

Section 3.

Table 28.

INFECTIOUS DISEASES.

NOTIFIABLE DISEASES OCCURRING IN THE ELEMENTARY SCHOOLS OF THE BOROUGH.

School	Scarlet Fever		Diphtheria		Erysipelas		Others			
							Influenzal Pneumonia		Encephalitis Lethargica	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Accrington Road	2	...	...	...	...	...	...	...	...	...
Audley C.	5	5	...	...	...	...	...	...	...	...
Bank Top	5	9	2	1	...	...	...	...	...	...
Bangor Street C.	5	9	...	1	...	...	...	...	...	...
Blakey Moor C.	5	5	2	1	...	...	...	...	...	...
Cedar Street	1	3	1	...	...	...	...	...	...	...
C.E. Central	3	4	...	...	...	...	2	...	...	...
Christ Church	19	27	13	3	...	...	...	...	...	...
Emmanuel	1	1	1	...	...	...	...	...	...	...
Furthergate	4	3	...	...	...	...	1	...	...	...
Four Lanes End	2	2	...	...	...	...	...	...	...	...
Griffin	3	5	1	...	...	...	1	...	...	...
Holy Trinity	7	4	...	...	...	...	...	...	...	...
Intack C.	3	6	...	1	...	..	...	1	...	...
Lower Darwen C.	4	2	...	...	...	...	...	...	...	...
Mill Hill C.	2	3	...	...	...	1	..	...	...	...
Moss Street	6	6	...	...	...	...	...	...	...	...
Park Road	7	9	...	1	...	...	1	...	...	...
Roe Lee Park	2	3	...	...	...	...	...	...	...	...
St. Aidan's	...	1	...	...	...	...	...	...	...	...
St. Alban's R.C.	14	7	1	2	...	...	2	...	...	...
St. Alban's H.G.	...	...	...	..	...	...	...	...	...	...
St. Anne's R.C.	6	14	2	1	...	...	1	...	. .	...
St. Andrew's	...	...	...	...	...	...	...	..	...	...
St. Barnabas'	3	4	1	...	...	...	...	1	...	...
St. Bartholomew's	4	2	...	...	...	1	..	1	...	...
St. Gabriel's	...	1	..	...	...	...	...	...	...	...
St. James' C.E.	2	3	..	...	...	...	...	...	..	...
St. James' Guide	...	1	...	...	...	...	...	...	...	...
St. James' Black-a-Moor	...	...	...	1	...	...	...	...	...	...
St. John's	5	3	1	...	...	...	...	2	...	...
St. Joseph's R.C.	7	8	3	...	...	...	...	...	...	...
St. Luke's	1	3	...	1	...	..	...	...	...	...
St. Michael's	3	1	...	...	...	..	...	...	...	...
St. Matthew's	5	4	1	...	...	...	1	...	...	...
St. Mary's R.C.	8	7	...	1	...	...	...	...	...	...
St. Paul's	8	7	1	1	...	...	...	...	...	...
St. Peter's C.E.	3	3	...	1	...	...	...	...	...	...
St. Peter's R.C.	5	4	1	...	...	...	1	1	...	...
St. Silas'	4	13	...	...	...	...	...	...	...	...
St. Stephen's	3	6	...	...	...	...	1	...	...	...
St. Thomas'	3	2	...	1	...	...	...	...	...	...
Sacred Heart	3	5	3	...	...	...	...	...	...	...
Wensley Fold	8	5	...	...	...	...	...	...	...	...
Witton Infants	...	...	...	...	...	...	...	...	...	...
	181	210	34	17	...	2	11	6	...	...
Bangor Street O.A.C.	...	...	...	...	...	...	...	...	...	...
Girls' High School	...	2	...	1	...	...	...	1	...	...
Grammar School	7	...	...	...	...	...	...	...	...	...
Park O.A.C.	9	3	...	...	...	...	...	...	...	...
Convent of Notre Dame	...	1	...	...	...	...	...	...	...	...
Cherry Tree N.	2	...	...	...	...	...	...	...	...	...
Accrington Road O.A.C.	1	1	...	...	...	...	...	...	...	...
St. Oswald's, Knuzden	...	...	...	...	...	...	...	...	...	...
Crosshill	...	9	...	...	...	...	...	...	...	...
Other	1	7	...	..	...	...	...	...	...	...
	20	23	...	1	...	...	...	1	...	...

Table 29.

INFECTIOUS DISEASES NOTIFIED BY TEACHERS, SCHOOL ATTENDANCE OFFICERS AND OTHERS DURING 1934.

School.	Measles	Whooping Cough	Chicken Pox.	Mumps	Scarlet Fever.	Diphtheria	Erysipelas	Others	
								Influenzal Pn'umonia	Enceph-alitis. L'thargica
Accrington Road	...	...	...	...	2	...	...	...	...
Audley C.	...	3	56	...	10	...	...	...	..
Bank Top	...	...	6	...	14	3	...	...	...
Bangor Street C.	...	...	2	...	14	1	...	...	...
Blakey Moor C.	1	...	...	...	10	3	...	...	...
Cedar Street	12	...	1	...	4	1	...	...	...
C.E. Central	...	...	4	...	7	...	...	2	...
Christ Church	1	4	95	...	46	16	...	...	...
Emmanuel	...	2	27	2	2	1	...	...	...
Furthergate	...	9	3	1	7	...	...	1	...
Four Lanes End	1	...	3	...	4	...	...	...	...
Griffin	...	2	4	...	8	1	...	1	...
Holy Trinity	...	1	2	2	11	...	...	...	...
Intack C.	...	12	27	1	9	1	...	1	...
Lower Darwen C.	...	...	1	...	6	...	...	...	...
Mill Hill C.	...	8	13	...	5	...	1	...	...
Moss Street	...	...	...	...	12	...	...	...	...
Park Road	...	4	6	...	16	1	...	1	...
Roe Lee Park	...	8	28	...	5	...	...	...	...
St. Aidan's	...	...	17	...	1	...	...	...	...
St. Alban's R.C.	1	5	10	...	21	3	...	2	...
St. Alban's H.G.	...	...	1	...	...	...	...	...	...
St. Anne's R.C.	...	12	32	2	20	3	...	1	...
St. Andrew's	...	12	1	...	...	...	...	...	...
St. Barnabas'	...	2	12	...	7	1	...	1	...
St. Bartholomew's	...	...	13	...	6	...	1	1	...
St. Gabriel's	...	...	...	...	1	...	...	...	...
St. James' C.E.	...	...	3	...	5	...	...	...	...
St. James'. Guide	...	...	24	...	1	...	...	...	...
St. James', Black-a-Moor	...	...	...	...	...	1	...	...	...
St. John's	...	1	4	1	8	1	...	2	...
St. Joseph's R.C.	...	3	40	1	15	3	...	...	...
St. Luke's	...	11	4	...	4	1	...	...	...
St. Michael's	...	1	3	1	4	...	...	...	...
St. Matthew's	...	1	37	...	9	1	..	1	...
St. Mary's R.C.	1	1	6	...	15	1	...	...	...
St. Paul's	3	2	15	1	15	2	...	...	...
St. Peter's C.E.	...	7	2	...	6	1	...	...	...
St. Peter's R.C.	...	5	17	...	9	1	...	2	...
St. Silas'	6	3	29	...	17	...	...	...	...
St. Stephen's	1	4	1	...	9	...	...	...	...
St. Thomas'	1	7	58	...	5	1	...	1	...
Sacred Heart	...	...	1	...	8	3	...	...	...
Wensley Fold	1	...	19	...	13	...	...	...	...
Witton Infants	6	7	2	...	...	...	...	...	...
	35	137	629	12	391	51	2	17	...
Accrington Road O.A.C.	...	...	...	1	2	...	...	...	...
Park O.A.C.	...	...	1	...	12	...	...	...	...
Bangor St. O.A.C.	...	...	...	...	...	...	...	...	...
Convent of Notre Dame	...	...	3	...	1	..	...	...	...
Girls' High School	2	...	2	...	2	1	...	1	...
Grammar School	...	...	1	...	7	...	...	...	...
Cherry Tree N.	...	1	...	...	2	...	...	...	...
Regent Street	...	1	...	...	...	...	...	...	...
St. Oswald's, Knuzden	...	...	...	...	...	...	...	...	...
Crosshill	...	...	...	...	9	...	...	...	...
Other	...	..	...	...	8	...	...	...	...
	2	2	7	1	43	1	...	1	...

With a view to preventing the spread of infectious disease amongst school children all home contacts are excluded for periods which vary according to the nature of the infectious disease.

Information as to the incidence of non-notifiable infectious diseases is obtained from teachers, school attendance officers, sanitary inspectors, health visitors, and parents.

During the year 6 certificates were issued in respect of schools where the attendances fell below 60% owing to the prevalence of infectious diseases.

Scarlet fever was very prevalent throughout 1934, 434 notifications being received in respect of children of school age. The incidence was highest during the first four and the last three months of the year when 170 and 169 cases respectively were notified. Generally speaking, the disease was of mild type, only one case terminating fatally, a figure equivalent to a case mortality of 0.23 per cent. The fatal case was under school age.

As regards diphtheria, 52 cases occured amongst school children, the incidence being evenly spread over the months February to December inclusive. The disease presented a case mortality amongst school children of 3.9 per cent., compared with 6.2, 4.5, and 5.3 per cent. during the years 1931, 1932 and 1933 respectively.

Pressure of other work interfered with the scheme of diphtheria immunisation, and only 589 school children underwent treatment during the year. Of this number 548 were treated in school and 41 at the Health Office Clinic.

Since the diphtheria prevention scheme was adopted in Blackburn five years ago nearly 7,000 school children have undergone treatment, and no case of diphtheria has occurred in any child to whom, following a full course of inoculations and final test, a certificate of immunity has been granted.

The co-operation of the school teachers ever since the scheme was inaugurated has resulted in many parental objections being overcome. To the local members of the teaching profession I owe my best thanks for their assistance in this, and, in fact, all schemes connected with the physical welfare of the school child.

VACCINATION.

The number and percentages of children examined at routine inspection and found to be Unvaccinated were as follows :—

Table 30.

	Number Examined	Number Unvaccinated	Percentage Unvaccinated	Percentage Unvaccinated 1933
Entrants (Boys)	762	421	55·2	58·0
,, (Girls)	708	391	55·2	58·1
Intermediates (Boys)	633	287	45·3	59·6
,, (Girls)	590	279	47·3	66·3
Leavers (Boys)	771	371	48·1	66·2
,, (Girls)	671	291	43·3	62·9
Totals	4135	2040	49·3	62·3

Section 4.

FOLLOWING UP.

When a child is found suffering from a physical defect the parents are notified verbally or by circular letter of the defect from which the child is suffering and are advised to secure treatment without delay. A record is kept of all such children, who are then followed up by the School Nurses to ensure that the appropriate treatment is obtained.

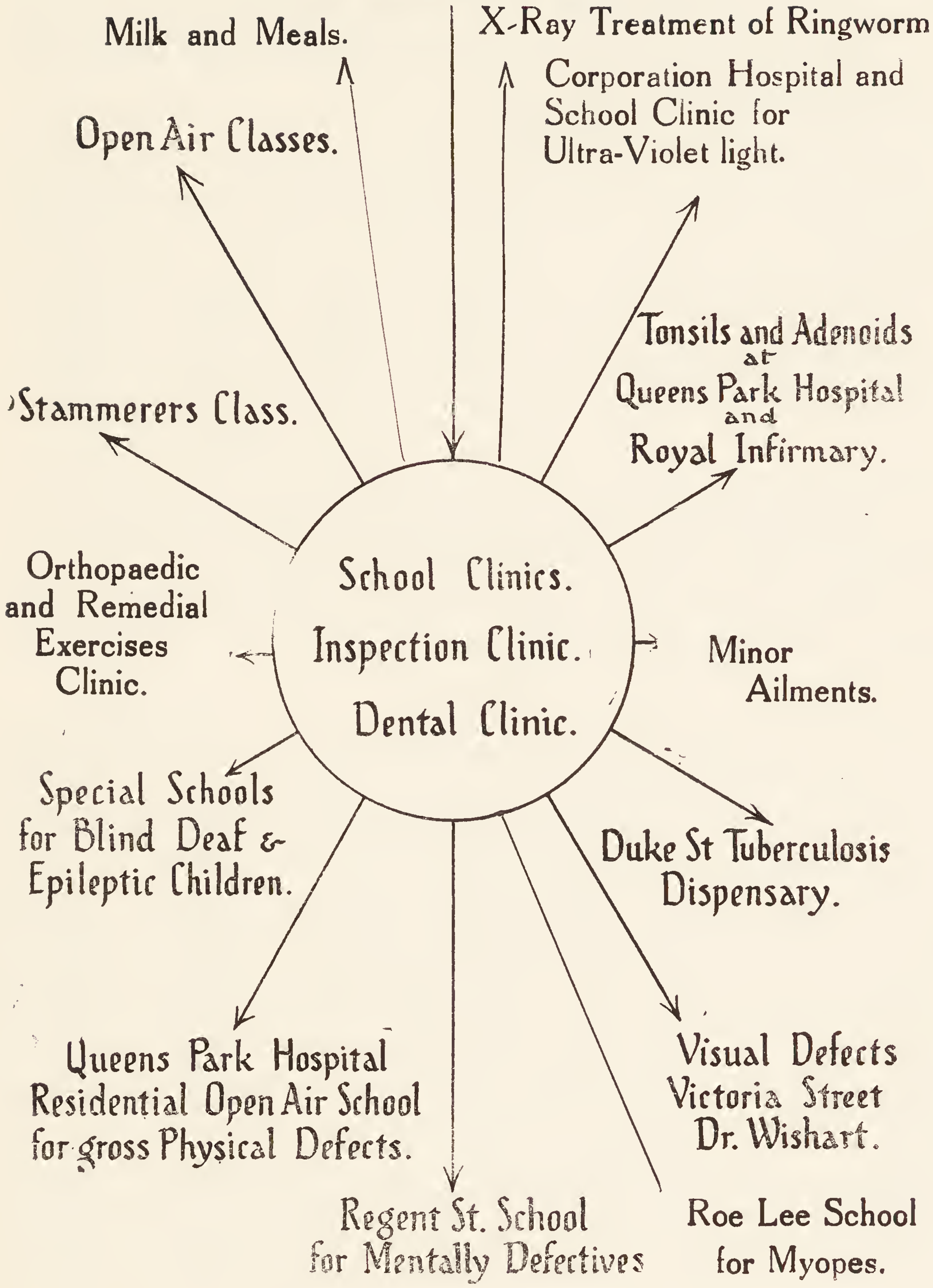
Table 31.

THE WORK OF THE SCHOOL NURSES.

	No. 1 District	No. 2 District	No. 3 District	No. 4 District	No. 5 District	Totals
Visits to Schools re Cleanliness:						
Visits to Schools	99	116	115	88	105	523
No. of Children Inspected ...	9115	9569	10184	10368	11574	50810
No. of Children found Unclean	1613	2209	1371	1916	1745	8854
No. of Children with Skin Complaints	8	3	3	4	2	20
Visits to Schools re Infectious Diseases:						
Visits to Schools	1	...	1	...	1	3
No. of Children Inspected—						
Scarlet Fever	80	...	277	...	153	510
Diphtheria	...	...	...	...	...	...
Other Infectious Diseases	...	...	...	...	...	...
Total Children Inspected ..	9195	9569	10461	10368	11727	51320
Home Visiting by School Nurses:						
Concerning—						
Uncleanliness	35	42	12	39	15	143
Minor Ailments	...	23	19	3	5	50
Defects found at Routine Inspections	947	1057	1000	1154	1112	5270
Totals	982	1122	1031	1196	1132	5463
No. of Clinic Sessions Attended.........................	316	311	286	273	300	1486

Each School Nurse spends one week in five " on the district " following up untreated or observation cases in the home or school.

Defects.


Milk and Meals.
X-Ray Treatment of Ringworm
Open Air Classes.
Corporation Hospital and
School Clinic for
Ultra-Violet light.
Tonsils and Adenoids
at
Queens Park Hospital
and
Royal Infirmary.
Stammerers Class.
School Clinics.
Inspection Clinic.
Dental Clinic.
Orthopaedic
and Remedial
Exercises
Clinic.
Minor
Ailments.
Special Schools
for Blind Deaf &
Epileptic Children.
Duke St Tuberculosis
Dispensary.
Queens Park Hospital
Residential Open Air School
for gross Physical Defects.
Visual Defects
Victoria Street
Dr. Wishart.
Regent St. School
for Mentally Defectives
Roe Lee School
for Myopes.

Section 5.

TREATMENT.

MINOR AILMENTS.

Table 32.

THE WORK OF THE SCHOOL CLINICS.

The Local Authority's treatment scheme has been described in previous Reports.

Summary of work done :—

	New Cases	Re-visits	Totals	Totals 1933
Visits to—				
Minor Ailments Clinics	2397	16838	19235	29231
Inspection Clinics	819	865	1684	1963
Dental Clinic	5623	2992	8615	8359
Remedial Exercises Clinic ..	577	7593	8170	9000
Ophthalmic Clinic	445	868	1313	1141
	9861	29156	39017	49694

During the year 1934, 97 Inspection Clinics were held, to which 819 new cases were referred for examination.

The appended table gives a classification of defects treated at the Clinics during the year:—

Table 33.

	1934			1933			Comparison with 1933	
Complaint.	Cases.	Attendances.	Average number of attendanc's per case.	Cases.	Attendances	Average number of attendanc's per case.	Attend'ce inc or dec.	Cases.
Ringworm—Scalp ..	29	118	4·07	58	346	5·98	—228	—29
Body	27	196	7·26	49	219	4·47	—23	—22
Scabies	9	80	8·88	16	144	11·11	—64	—7
Impetigo	227	1965	8·65	387	4518	11·67	—2553	—160
Other Skin Diseases	126	732	5·81	106	849	8·01	—117	+20
Minor Injuries	1012	6368	6·29	984	6922	7·03	—554	+28
Verminous Head	251	1723	6·86	492	3485	7·08	—1762	—241
,, Body	...	...	...	1	6	6·00	—6	—1
Otorrhœa	103	2331	22·64	155	4597	29·65	—2266	—52
Other Ear Defect or Disease	274	2579	9·44	287	3372	11·74	—793	—13
Blepharitis	40	371	9·27	81	1077	13·29	—706	—41
Conjunctivitis	72	1214	16·86	84	1819	21·65	—605	—12
Other External Eye Disease	130	812	6·24	124	1315	10·60	—503	+6
Miscellaneous	262	746	2·84	320	1142	3·57	—396	—58
Totals	2562	19235	7·51	3144	29811	9·48	—10576	—582

There are two Clinics, open each day, for the treatment of minor ailments—one at the Health Office, the other at All Saints' School, Bolton Road. The latter Clinic serves the schools on the south side of the town.

As the number of cases attending the Clinics, and also the number of attendances per case, had tended to increase, I instructed the Medical Officers to exercise the closest supervision over all cases referred in order to ensure the minimum interference with school attendance. During the year close attention has been paid by members of the staff to limiting to a minimum attendances at the Minor Ailment Clinic, the minimum adopted being sufficient, of course, to permit thorough and effective treatment.

As a result of this policy there was a decrease of 10,576 attendances as compared with 1933, and the average number of attendances per case has fallen almost by 2. This reduction represents a saving of approximately 1,500 school days during 1934.

The greatest number of cases and attendances was in respect of minor injuries. School teachers, very properly, refer all such cases for medical treatment. This policy is a wise one, inasmuch as certain so-called "minor injuries" have proved, on examination, to be definite cases of injury to bone or joint. Further, bruises and cuts which respond readily to a simple dressing promptly applied, if neglected become infected and require prolonged treatment.

The most marked feature of the attendances at the Minor Ailment Clinic in recent years has been the continuous decline in the number of contagious skin diseases. Impetigo, a contagious disease of the scalp and body, and due in many cases to neglect of cleanliness, has declined markedly and steadily during the past ten years.

Cases of Skin Disease Attending Minor Ailment Clinic, 1925—1934.

	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Impetigo	786	558	525	562	516	475	530	450	387	227
Ring-worm Scalp	187	236	323	277	193	131	77	86	58	29
Ring-worm Body	122	84	91	111	105	53	27	39	49	27
Scabies	5	30	18	9	12	30	19	16	16	9
Other Skin Disease	78	88	85	82	99	153	105	164	106	126
Totals	1178	996	1042	1041	925	842	758	755	616	418

As regards the type of impetigo, one but rarely sees severe cases, and then only in debilitated children. In such children the condition requires both curative treatment locally and general preventive treatment in the form of additional nutriment.

The marked reduction in the incidence of impetigo is to be attributed to several factors, chief of which are:—

(1) Greater cleanliness of children—severe infestation with vermin and nits is now rare, though the presence of nits (indicating that the child has had vermin in the hair) is still far too common.

(2) Generally improved health of the school children.

(3) Better home hygiene.

Since May, 1933, elastoplast has superseded ointment and bandage in the treatment of the less severe cases of impetigo. The former treatment consists in covering the sores with elastoplast which is left on for some days. Occlusive treatment of this kind has proved must successful, and, in addition, through its employment children may be allowed to return to school without risk to other scholars.

The appended Table demonstrates the reduction in the last ten years in the exclusions because of impetigo:—

Impetigo Exclusions, 1925—1934.

1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
231	106	171	258	178	194	279	207	73	22

The incidence of both scabies and ringworm have undergone an appreciable decline, whereas other skin diseases have slightly increased.

EAR, NOSE AND THROAT.

During 1934, 66 children suffering from complaints of ear, nose or throat were referred to the Oto-Laryngological Department of the Blackburn Royal Infirmary for examination by the Honorary Surgeon, Mr. Wishart, to whose willing co-operation I am greatly indebted.

Mr. Wishart's advice was also sought with regard to 32 cases of tonsils and adenoids, 14 of septum deviation, 3 of mastoiditis, 9 of deafness, 5 of nasal sinus infection, and 3 of other conditions. Operation was recommended in 37 cases.

During the year, of children found to have some abnormality of the tonsils or adenoids 242 were referred for operative treatment, 119 were referred for conservative treatment, and 691 for observation only.

Since the beginning of 1933 increased attention has been paid to children affected with adenoids and/or enlarged tonsils, our aim having been to confine operative treatment to selected cases.

In dealing with tonsils and adenoids, as in other medical problems, the whole clinical picture of the child is to be thoroughly surveyed and not merely the abnormal organ.

When a child is found to have adenoids or abnormal tonsils, the following points call for careful consideration :—

(1) Are the tonsils so large as to cause the child mechanical inconvenience?

(2) Are the tonsils showing signs of gross and chronic sepsis?

(3) Are adenoids definitely present and causing prominent symptoms?

If any of these three conditions is fulfilled, it is our practice to recommend operative treatment without delay.

Caution must always be exercised in regard to children recently recovered from acute tonsilitis, scarlet fever, etc., and also in regard to excitable children who may be "gagging" at the time of examination. In the former the abnormality may be clearly temporary, and in the latter the enlargement may be apparent only.

Moderate enlargement and moderate sepsis are conditions which do not of themselves necessitate immediate operation. With these findings, the symptom history of the patient is the deciding factor in regard to treatment, e.g., a history of recurrent sore throats, of cervical adenitis, of definite growing pains, of anæmia not attributable to other causes, would be points in favour of operative treatment, for such symptoms would naturally lead one to conclude that toxins were being absorbed from the tonsils.

Such conditions as septic teeth, chronic rhinitis, faulty nasal hygiene, mouth breathing, poor dietary (excess of carbohydrates and inadequate vitamin intake), are often causal or aggravating factors of abnormal tonsils and adenoids. Therefore, if these are present, the first line of treatment must be their correction; this constitutes the basis of conservative treatment of adenoids and abnormal tonsils as carried out at the School Clinic.

It is important to realise that conservative treatment implies more than expectant observation. It involves the remedying of defects.

In Blackburn, during the past two years, 189 children who have been found to have abnormalities of the tonsils and adenoids have been referred to the Special Clinic for conservative treatment.

The children undergo preliminary inspection and treatment, if necessary, by the Dental Surgeon.

If nasal hygiene is found to be defective, instruction in correct nose blowing, etc., is given, and such conditions as nasal catarrh receive appropriate treatment.

Mouth breathers, in whom the condition is attributed to habit rather than to nasal obstruction, are referred to the Remedial Gymnast for exercises.

Dietetic errors are corrected, and, where necessary, gargles or douches of the chlorine and alkaline groups are advised.

During the past two years 112 children have been actually treated by conservative methods. Of this number 70 (63%) required attention for oral sepsis, and in many of these alveolar abscesses were apparent.

Thirty-three (30%) showed defective nasal hygiene; of these, however, 13 were well able to use a handkerchief when supplied, but were not carrying one at the time of the inspection, leaving 20 (18%) who required special instruction.

Sixteen (14.4%) were mouth breathers and received treatment from the Remedial Gymnast.

Cod liver oil and malt was advised in most of the cases.

The cases received presented a wide variety of symptoms as is shown in the appended table—:

	No. of Cases.	Percentage.
Recurrent Sore Throats	26	23.4%
Recurrent Cervical Adenitis	18	16.2%
Growing Pains	16	14.4%
Chorea	2	1.8%
Nasal Catarrh	18	16.2%
Head Colds	24	21.6%
Bronchitis	13	11.7%
Earache	11	9.9%
Running Ears	9	8.1%
Snoring	13	11.7%
No Symptoms	24	21.1%

In many of the patients a combination of two or more of the above symptoms was noted.

The results of the treatment are as follows:—

42 (38%)	Showed such improvement as to justify discharge.
17 (15%)	No response. Referred for operation.
7 (6%)	Not responding. Will probably need operation.
3 (3%)	Were found to have other defects simulating adenoids and were referred appropriately.
21 (19%)	Showed some improvement, but require further treatment.
22 (20%)	Showing no improvement, but further conservative treatment is being tried.

In no case was any ill-effect observed to have resulted from the policy of deferring operative measures until conservative treatment had been found unavailing.

In view of the fact that previous to the adoption of this scheme all the children in question would have been referred for tonsil and adenoids operation, I feel justified in claiming that conservative treatment has achieved a definite measure of success. One-third of the children were discharged as satisfactory, and one-fifth showed some improvement.

(3) VISUAL DEFECTS.

Table 34.

	Number of Defects Dealt With.			NEW CASES.			
				Spectacles Prescribed		Spectacles Obtained.	
	Under the Authority's Scheme.	Otherwise.	Total.	Under Authority's Scheme.	Otherwise.	Under Authority's Scheme.	Otherwise.
Errors of Refraction	813	18	831	350	18	329	18
Other Diseases or Defects of the Eyes	25	1	26	...	..	...	...
	838	19	857	350	18	329	18

During the year 350 children, following refraction at the Eye Clinic, obtained spectacles. Of these 258 were paid for by the Local Education Authority at a total cost of £84 7s. 6d. Of this sum £55 15s. 3d. was subsequently recovered from the parents.

During the year Mr. Wishart held 90 sessions at the Victoria Street Clinic and examined 907 children, of whom 652 were in need of spectacles, or a change of spectacles, and for whom spectacles were prescribed. The parents of 18 other children suffering from refractive errors secured the appropriate treatment otherwise than under the scheme of the Local Education Authority.

Of the children examined for visual defect 445 were new cases referred for a first examination during the year, of whom 350 were in need of spectacles and for whom spectacles were prescribed.

I append a Table classifying the results of examination at the Ophthalmic Clinic:—

Table 35.

Defect	Number		Percentage		Percentage 1933
	New Cases	Re-Attendances	New Cases	Re-Attendances	New Cases
EYE DISEASES :					
Blepharitis	...	...	...	...	17·5
Nebulæ (Corneal)	8	9	57·1	81·8	56·5
Cataract (Congenital)	1	...	7·1	...	4·3
Other Eye Diseases	5	2	35·7	18·2	37·5
Phlyctenular Conjunctivitis	...	...	...	...	...
EXAMINED FOR REFRACTIVE ERRORS :					
Emmetropia (Normal Vision)	30	9	5·6	1·9	7·8
Simple Hypermetropia	94	50	17·7	10·7	12·4
Hypermetropic Astigmatism	132	155	24·7	33·3	37·0
Mixed Astigmatism	64	49	12·0	10·5	9·1
Myopia	97	50	18·2	10·7	7·6
Myopic Astigmatism	50	72	9·4	15·4	10·6
Strabismus	53	65	9·9	13·9	17·3
Over 5 Dioptres	11	14	2·4	3·0	4·4
Total	545	475			

TREATMENT OF SEVERE VISUAL DEFECT.

ROE LEE MYOPE SCHOOL.

Both the mode of selection of children for admission to this school and the educational methods are the same as in previous years.

Arrangements have now been effected whereby the older boys receive instruction at a school woodwork centre.

At the end of the year 20 children were in attendance at this special class suffering from eye conditions as tabulated :

Myopia	16
Congenital Cataract	1
Congenital Nystagmus	1
Optic Atrophy	1
Dislocation of Lens	1

THE WORK OF THE SCHOOL DENTAL DEPARTMENT.

The number of children actually examined (6,442) in school was 60 less than in 1933, but the number of treatments given in 1934 exceed those in 1933 by 1,105.

Nature of Treatment.	1933	1934
Permanent Teeth Fillings	3317	3040
Temporary Teeth Fillings	135	131
Root Treatments	147	157
Extractions	7841	9035
Other Operations	984	1166
	12424	13529

The appended Table indicates increased appreciation of the importance of dental care, and a slight decline in the percentage of children with dental caries.

	1933.	1934.
Percentage of Parents present at Inspection	22.6%	24.6%
Percentage who refused treatment	13.1%	9.8%
Percentage with Dental Caries	70.4%	68.8%
Percentage of appointments kept	88.08%	89.2%

Table 36.

	1933	1934
Total number of children inspected	6,502—Routine	6,442—Routine
Number with Dental Caries	4,574—70.3%	4,433—68.8%
Number advised to have Treatment	4,574—70.3%	4,433—68.8%
Number not requiring Treatment	1,928—29.6%	2,009—31.1%
*Number of parents present at Inspections	383—22.08%	366—24.6%
Number of consents for Treatment at Clinic	3,206—69.9%	3,050—68.8%
Number who prefer Private Treatment	216— 4.7%	196— 4.4%
Number no Definite Decision	558—12.1%	751—16.9%
Number who Refused Treatment	602—13.1%	436— 9.8%

*Only parents of the six and seven year age groups are invited to inspections.

Table 37.

REFERRED FOR TREATMENT—AGE GROUPS.

Sex	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	16 yrs.	17 yrs.	Tot'l
B ..	242	266	248	241	270	278	372	204	15	13	...	...	2149
G ...	249	262	253	290	259	268	327	290	73	13	...	...	2284
Tot'ls	491	528	501	531	529	546	699	494	88	26	...	...	4433

During the year I was instructed by the Education Committee to submit a report upon the work of the School Dental Department. The Report is reproduced below:—

REPORT OF THE SCHOOL MEDICAL OFFICER ON THE WORK OF THE SCHOOL DENTAL DEPARTMENT.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

In accordance with your instruction, I beg to report upon extensions which might be effected in your dental service were an additional school dentist appointed.

Your present scheme provides, *inter alia*, for—

(1) examination at intervals of approximately 20-22 months of children aged six years and over and attending public elementary schools;

(2) the treatment of children referred from school dental or medical inspections;

(3) the treatment of "casuals" and emergencies not included in (2) above;

(4) the treatment of Maternity and Child Welfare and Tuberculosis cases by agreement with the Health Committee.

These arrangements fall short of the ideal service in the following respects:—

(1) To be fully adequate a scheme should, in the words of Sir George Newman, " begin, as regards each child, with its entrance into school life, and should provide for an annual re-examination of each child up to the end of school life, with the opportunity for treatment if necessary after each inspection."

(2) An interval of 20 months between successive routine inspections and treatments will, in certain instances, allow the progress of caries to such a degree as to prevent conservative treatment.

(3) Routine inspection and treatment are not at present generally available for children attending Secondary Schools.

What benefits would follow the appointment of an additional dentist? If the appointment be part-time, the advantage would vary directly as the number of sessions which the dentist to be appointed would devote to the School Service.

If, however, you decide to appoint a full-time dentist, and your service be not extended to include the Secondary Schools, routine inspection would become available for approximately 3,000 extra children (including all entrants) per annum. Further, the interval between successive inspections could be reduced from 20-22 months to 16 months.

Approximately 1,400 children attend secondary schools in the town (50% being "special places"), the majority of whom probably do not have the advantage of systematic dental inspection and treatment. If, following the appointment of an additional dentist, these schools be included in your scheme, the preliminary inspections would probably discover an abnormally high percentage of children in need of treatment.

It is not improbable that the treatment and inspection of those children would, during the first few years, necessitate the full-time services of one dentist.

If an additional Dental Surgeon be appointed, and the re-organised service be extended for inspection and treatment purposes to all children attending Public Elementary Schools and Secondary Schools, the period which at present elapses between successive inspections would be lengthened, an occurrence which would be detrimental to children included in the present scheme.

In view of this the Committee are asked to consider, if they decide to appoint an additional dental surgeon, whether

(1) The services of the staff be devoted in their entirety to children attending the Public Elementary Schools.

This possibility offers the advantage of greatly strengthening the existing scheme and of bringing it more closely to the ideal.

Or (2) the services of the staff be devoted to the inspection of the six year plus age groups at the Public Elementary Schools and of children attending the Secondary Schools.

If this course be adopted, children within the scheme could be inspected and treated approximately only once in every 20-22 months, and the important age groups of children under six years of age would be debarred from benefit.

Or (3) the service be extended to include all children attending local Elementary and Secondary Schools.

This course would occasion a lapse of between 24-26 months between successive dental inspections, a period which would detract largely from the utility of the scheme.

Although the schemes as outlined in paragraphs (2) and (3) above would bring within your service an additional number of children, it is problematical whether they would derive much benefit from such inclusion by reason of the lengthy period between successive inspections.

You may therefore decide that, following the appointment of an additional dentist, it would be in your best interests to extend the reorganised service in its entirety to Elementary Schools.

(Signed) V. T. THIERENS.

May, 1934.

After careful consideration the Committee decided to appoint a third full-time dental surgeon, and gave instructions to the effect that the services of the dental staff be devoted in their entirety to children attending the Public Elementary Schools.

An additional dental surgeon was appointed in December last, and commenced duty in January of the present year.

Table 38.

INSPECTIONS IN SCHOOLS BY THE DENTAL SURGEONS, 1934.

Age Groups.	Sex.	No Examined.	All teeth sound and %	Temporary teeth decayed and %			Number with no permanent teeth and %	All permanent teeth sound and %	Permanent teeth decayed and %		
				1—4	5—7	8—			1	2	3 and more
6	B	359	126...35·0	201.. 56·2	23... 6·4	2... 0·5	18... 5·0	312...86·9	12... 3·3	14... 3·8	3... 0·9
	G	404	146...36·1	221...54·7	22 .. 5·4	1... 0·2	26 .. 6·4	326.. 80·6	33... 8·1	15.. 3·7	4.. 0·9
7	B	345	86...24·9	206...59·7	29... 8·4	4... 1·1	2... 0·5	249...72·1	46...13·3	35.. 10·1	13... 3·7
	G	385	116...30·1	185...48·0	32... 8·3	6... 1·5	2... 0·5	253...65·7	79...20·5	35... 9·0	16... 4·1
8	B	362	118...32·5	166.. 45·8	18... 4·9	1... 0·2	1 . 0·2	233...64·5	68...18·7	40.. 11·0	20... 5·5
	G	362	105.. 29·0	184...50·8	23... 6·3	2... 0·5	2... 0·5	209.. 57·7	62.. 17·1	62 17·1	27... 7·4
9	B	381	149...36·4	161...42·2	6... 1·5	...	...	219...57·4	79...20·7	48...12·5	35... 9·1
	G	414	123...29·7	177...42·7	11... 2·6	2... 0·4	...	219...52·9	87...21·0	59...14·2	49...11·8
10	B	393	123 ..31·2	146...37·1	7... 1·7	2... 0·5	...	202 51·3	83 . 21·1	61 15·5	47...11·9
	G	426	139...34·9	122...28·6	5... 1·1	...	...	207...48·5	103...24·1	68...15·9	48 . 11·2
11	B	409	131...32·0	113...27·9	4... 0·9	...	...	173...42·2	100...24·4	77...18·8	59...14·4
	G	450	136...30·2	106...23·7	1... 0·2	1... 0·2	...	178...39·5	107...24·0	90...20·2	75...11·6
12	B	531	159...29·9	90...16·9	3... 0·5	...	...	189...35·5	136 ..25·8	136...25·8	120...22·5
	G	500	142...28·4	119...23·8	...	...	...	167...33·4	135.. 27·0	87...17·4	111 ..22·2
13	B	298	93...31·2	31... 5·3	1... 0·3	...	...	104...34·8	87.. 29·1	47...15·7	60.. 20·1
	G	331	85...25·6	26... 7·8	...	...	...	93 . 28·0	84...25·3	64...19·3	90.. 27·1
14	B	29	14...48·2	1... 3·4	...	...	...	14.. 48·2	7...24·1	4... 1·3	4... 1·3
	G	32	11...34·3	1... 3·1	...	...	...	11...34·3	5...15·6	6...18·7	10...31·2
15	B	21	8...38·0	1... 4·7	...	...	...	8...38·0	5...23·8	2... 9·5	6...28·5
	G	9	4...44·4	...	...	...	...	4 ..4·44	2.. 22·2	1...11·1	2...22.2

Table 39

Inspections in Schools by the Dental Surgeons, 1933.

Age Groups	Sex	No. Examined	All teeth sound and %	Temporary teeth decayed and %			Number with no permanent teeth and %	All permanent teeth sound and %	Permanent teeth decayed and %		
				1—4	5—7	8—			1	2	3 and more
6	B	394	153...38·8	190...48·2	27... 6·8	7... 1·7	21... 5·5	312...79·1	29... 7·3	23... 5·8	9... 2·2
	G	421	134...31·8	218...51·7	38... 9·02	3... 0·7	12... 2·8	314...76·9	42... 9·9	33... 7·8	20... 4·7
7	B	450	118...26·1	245...54·4	37... 8·2	7... 1·5	1... 0·2	287...63·7	81 . 18·0	50...11·1	31... 6·8
	G	425	105...24·7	222...52·2	43...10·1	7... 1·6	4... 0·9	258...60·7	76...17·8	53...12·4	31... 7·2
8	B	516	169...32·7	211...40·8	31... 6·007	5... 0·9	1... 0·19	305...59·1	91...17·6	68...13·2	51... 9·8
	G	442	104...23·5	213...48·6	30... 6·7	1... 0·2	...	224...50·6	96.. 21·7	66...14·9	56...12·6
9	B	456	136...29·8	215...47·1	9... 1·9	3... 0·6	...	248...54·3	97.. 21·2	64...14·01	47...10·3
	G	461	120...26·0	200...43·3	12... 2·6	1... 0·21	...	208...45·1	110...23·8	90...19·5	53...11·4
10	B	430	128...29·7	168...39·06	7... 1·6	2... 0·4	...	208...48·3	105 . 24·4	60 ..13·9	57...13·3
	G	398	98...24·6	148...37·1	4... 1·005	1... 0·25	...	165...41·4	100...25·5	77...19·3	56...14·07
11	B	338	106...31·3	96...28·4	4... 1·1	...	...	145...42·8	84...24·8	58...17·1	51...15·08
	G	471	166...35·2	87...18·4	1... 0·2	1... 0·2	...	205...43·5	115...24·4	74...15·7	72...15·2
12	B	404	111...27·4	85...21·03	1... 0·24	...	...	139...34·4	105.. 25·9	62...15·3	98...24·2
	G	468	140...29·8	64...13·6	3... 0·64	..	...	157...33·5	132...28·1	86...18·3	93...19·8
13	B	162	49 ..30·2	16... 9·8	...	...	...	55...33·9	33...20·3	33...20·3	41...25·2
	G	213	68...31·9	20... 9·3	...	...	...	73...34·2	50...23·4	46...21·5	44...20·6
14	B	2	1...50·0	...	...	...	...	1...50·0	...	1.. 50·0	...
	G	25	5...20·0	2... 8·0	...	...	...	7...28·0	9...36·0	1... 4·0	8 ..32·0
15	B	1	1. 100·0	...	...	...	...	1. 100·0	...	...	..
	G	27	9...33·3	...	...	...	...	10...37·03	9...33·3	5...18·5	3... 11·1

Table 40.

TREATMENT—AGE GROUPS.

Sex.	5 years.		6 years.		7 years.		8 years.		9 years.		10 years.		11 years.		12 years.		13 years.		14 years.		15 years.		16 years.		Totals.		
	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine	Casuals.	
Boys ...	...	286	113	167	173	137	195	129	214	109	201	88	168	79	180	61	144	61	42	16	5	2	...	...	1435	1135	2570
Girls ...	...	258	102	189	188	184	222	156	209	143	240	124	221	91	247	64	259	51	74	15	14	2	...	...	1776	1277	3053
Total ...	...	544	215	356	361	321	417	285	423	252	441	212	389	170	427	125	403	112	116	31	19	4	...	...	3211	2412	5623

Table 41.

DENTAL TREATMENT.

	Number of Half-days Devoted to Inspection.	Number of Half-days Devoted to Treatment.	Total Number of Attendances made by Children at the Clinic.	No. of Perma'nt Teeth		No. of Temp'ary Teeth		Total Number of		No. of Administrations of General Anæsthetics.	No. of Administrations of Local Anæsthetics.	No. of other operations.				Root Treatments.	X-Ray.
				Extracted.	Filled.	Extracted.	Filled.	Extractions.	Fillings.			Perm. Dress.	Perm. Scale.	Temp. Dress.	Temp. Scale.		
Routine	85	825	6203	1135	2981	4642	109	5777	3090	...	2931	359	625	5	...	157	78
Specials	...	...	2412	501	59	2757	24	3258	83	...	2126	177	5	41	...	...	...
Total	85	825	8615	1636	3040	7399	133	9035	3173	...	5057	536	630	46	...	157	78

	1933.	1934.
Appointments to attend the Clinic were made to the Number of ...	6,878	6,950
The number of appointments kept was	6,107—88.08%	6,203—89.5%
The number of mouths made healthy was	2,988—Routine } Total 2,247—Specials } 5,235.	3,211—Routine } Total 2,412—Specials } 5,623.

70 Tonsil and Adenoid observation Cases received Dental Treatment.

136 Orthodontia cases.

301 Nursery Class Children received the following treatment :—

361 Temporary Teeth Extracted ; 32 Temporary Teeth Filled.

Section 6.

SPECIAL SCHOOLS AND CLASSES.

The Residential School for Physical Defectives.

The arrangements for the care of physically defective children at the Queen's Park Hospital School are similar to those described in previous Reports.

During the year 146 cases were admitted in addition to 26 who were in residence at the end of 1933; 36 children remained in the School at the end of 1934.

Such children as are in need of surgical treatment are operated on by Mr. Briggs, the Surgeon in clinical charge of the School. During the year 27 such cases were dealt with.

I append a Table which classifies the defects of children admitted during the year.

Defect.	*Borough.*	*Out of Borough.*
Non-Pulmonary Tuberculosis	3	—
Pulmonary Tuberculosis	2	—
Bronchitis, etc.	12	—
Heart Disease	4	1
Debility	7	—
Chorea	7	6
Bone Deformity	—	1
Bone Injury	2	—
Congenital Deformities	8	1
Rheumatism	6	2
Paralysis	4	1
Torticollis	4	—
Epilepsy	2	—
Arthritis	2	—
Adenitis	3	—
Poliomyelitis	—	1
Impetigo	4	2
Scabies	1	1
Anæmia	1	1
Deformities due to Rickets	—	2
Other Conditions	43	12

NURSERY CLASSES.

There are 18 Nursery Classes in the Borough with accommodation for a total of approximately 600 children between the ages of 5 and 3 years.

Inspection findings of children in attendance at these classes are incorporated in the "entrant group" of code examinations.

As these inspections are undertaken by Dr. Baird there is complete continuity with the Child Welfare Scheme.

Each Nursery Class is visited at least once in each fortnight by the School Nurse in whose district the class is situated.

A typical Time-Table is as follows:—

Morning.

9- 0— 9-25: Welcome. Shoes and Overalls. Handkerchief Inspection. Teeth Cleaning.
9-25— 9-50: Nature and Home Chat. Care of Room.
9-50—10-15: Lavatory and Hand Washing.
10-15—10-30: Preparation for Lunch. Speech Training.
10-30—10-45: Lunch.
10-45—11- 5: Cleaning, Play or Occupation.
11- 5—11-20: Music or Games.
11-20—11-50: Sense Training.
11-50—12- 0: Preparation for Home.

Afternoon.

1-30— 1-45: Welcome. Shoes and Handkerchiefs.
1-45— 3- 5: Beds and Sleep. Shoes.
3- 5— 3-35: Free Play or Occupations.
3-35— 3-45: Preparation for Home.

Slippers used according to weather.

TREATMENT OF OTHER DEFECTS.

(1) DEFORMITIES.

Special Orthopaedic Clinic.

During 1934, 31 Inspection Clinics were held by the Orthopædic Surgeon; 232 patients making 442 attendances, an increase of 14 patients and an increase of 13 attendances over those in 1933.

Some of the children examined by the Surgeon are referred by him for treatment either at the Remedial Exercise Clinic or at the Queen's Park Hospital. Those who do not require active treatment attend the Clinic at regular intervals for observation, advice, and the periodical adjustment of splints and appliances.

Splints and special appliances have been supplied to necessitous cases through the generosity of the Crippled Children's Aid Association, who have also made arrangements for admission to Queen's Park Hospital of children requiring operative or other special treatment.

Table 42.

Orthopaedic Clinic.

No. of Inspection Sessions	31
,, Attendances	442
,, Patients attended	232
,, Patients of School Age Admitted	44
,, Patients under School Age Admitted	48
,, Patients over School Age Admitted	4
,, Patients referred for X-ray	31
,, Patients referred for Special Appliances, Boots, etc.	55
,, Patients referred for Admission to Queen's Park Hospital	18
,, Patients referred for Admission to Blackburn Royal Infirmary	1
,, Patients referred for Admission to Corporation Hospital	—

Table 43.

CLINIC ATTENDANCES.

	REMEDIAL EXERCISES				ELECTRICAL TREATMENT.				ORTHOPÆDIC INSPECTION.				ORTHOPÆDIC OBSERVATION.			
	School.		Not School.		School.		Not School.		School.		Not School.		School.		Not School.	
	Number of cases.	Attendances.	Number of cases.	Attendances.	Number of cases.	Attendances.	Number of cases.	Attendances.	Number of cases.	Attendances.	Number of cases.	Attendances.	Number of cases.	Attendances.	Number of cases.	Attendances.
Breathing exercises	361	3982	1	1	..	...	...	...	...	...	...	...	...	...	...	...
Slight postural defects	140	1862	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Spinal Curvature	15	667	...	...	...	...	...	...	15	26	...	...	10	15	...	...
Infantile paralyses	9	233	1	39	5	56	...	...	21	38	4	8	18	78	4	21
Birth injuries	7	102	2	40	...	...	...	...	25	29	9	15	13	26	6	10
Congenital dislocations	3	59	..	...	...	...	...	...	12	24	...	...	9	16	...	...
Pes cavus & planus	10	239	...	...	1	1	...	...	11	23	2	2	17	35	2	6
Rickets	3	138	1	2	...	...	...	...	78	31	46	33	45	114	36	86
Other	7	204	3	33	1	5	...	...	35	37	19	19	22	46	8	14
Nil abnormal diagnosed	...	...	...	...	...	...	...	...	3	2	7	4	...	...	3	5
T. B. joints	8	284	2	46	1	153	...	...	25	53	41	40	12	35	14	29
Talipes	5	169	7	365	1	16	1	102	13	19	20	32	10	23	15	50
Result of accident	...	...	...	...	...	...	...	...	7	7	...	...	3	7	...	...
	568	7939	17	526	9	231	1	102	245	289	148	153	159	395	88	221

PHYSICAL TRAINING IN SCHOOLS.

Physical Training in the Schools continues to proceed on sound lines, and a higher standard is being attained in Drill.

Good use is made of the playing fields acquired by the Education Committee.

OPEN-AIR EDUCATION.

The facilities for open-air education have been described in previous reports, and the unsuitability of the accommodation, particularly that at Bangor Street and Accrington Road, has received comment.

Arrangements are now being considered whereby it is hoped that accommodation for 120 children will be provided at an *ad hoc* Open-Air School. This additional accommodation will help to meet the demand for open-air school places, and will be particularly useful if so designed as to permit, at some future date, of expansion into a school capable of dealing with approximately 250 children.

Table 44.

	On register 31/12/33	Admitted in 1934	Dis-charged in 1934	On register 31/12/34	Av. duration of attend'nces of those discharged	Av. increase in weight of those discharged
					Weeks	
SCHOOLS–*Non-Residential*						
Corporation Park	54	33	36	51	58·5	12·1 lbs.
CLASSES :						
Accrington Road	27	15	15	27	49·4	7·3 lbs.
Bangor Street	26	15	14	27	74·2	11·3 lbs.
Totals	53	30	29	54	61·8	9·3 lbs.
Grand Totals	107	63	65	105	60·1	10·7 lbs.

OPEN-AIR CLASS MENU.

Monday - Vegetable Stew, containing Peas, Beans, Carrots, Turnips, Onions, Beef, etc. Bread and Jam.
Tuesday - Fried Sausage and Potatoes. Tomato Sauce. Suet Pudding and Syrup Sauce.
Wednesday- Hot-Pot. Rice Pudding.
Thursday - Steak and Carrots. Potatoes. Currant Pastry.
Friday - Fish Cakes and Peas. Potatoes and Brown Gravy. Oatmeal Parkin.
Monday - Meat and Potato Hash. Jam Tart.
Tuesday - Stewed Beef and Onions. Potatoes. Steamed Currant Pudding. Custard Sauce.
Wednesday- Cornish Pastie. Potatoes and Gravy. Milk Pudding.
Thursday - Steak and Carrots. Potatoes. Currant Pastry. Sultana Buns.
Friday - Cottage Pie, Gravy and Peas. Jam Roll and Custard.

ULTRA-VIOLET LIGHT TREATMENT.

In the appended tables it will be noticed that a total of 284 school children received ultra-violet light treatment at either the Corporation Hospital or Victoria Street Centres.

Of 175 children discharged during the year, 35.4% were cured, 36.6% were improved, and 28% showed no change. As in previous years, the majority of the children in the latter group failed to complete the course of treatment or were discharged on account of irregular and spasmodic attendance.

ULTRA-VIOLET LIGHT CLINIC.

REFERRED FROM SCHOOL MEDICAL DEPARTMENT.

Table 45.

Diagnosis.	No. of Cases Treated.			Number of Cases Discharged.			No. of cases attending at end of year.		Total number of exposures given to all cases attending.	
	Total.	M.	F.	Cured.	Improved.	No Change.	M.	F.	Carbon Arc.	Merc. Vap.
Debility	81	37	44	19	24	14	9	9	2347	362
Rickets	13	8	5	5	4	1	2	1	507	...
Anæmia	61	21	40	11	8	7	12	20	1867	749
Lung Conditions (Non-Tubercular)	51	26	25	11	10	10	10	3	1140	219
Cervical Adenitis (Non-Tubercular)	6	4	2	3	2	1	...	...	140	57
Tubercular Conditions	8	4	4	2	4	1	1	...	80	429
Skin Diseases	5	2	3	3	1	1	...	...	...	114
Other Conditions	34	16	18	4	6	6	5	10	565	748
Total	259	118	141	58	59	41	39	43	6646	2678

ULTRA-VIOLET LIGHT CLINIC.

Children of School Age referred from other Sources.

Table 46.

Diagnosis.	No. of Cases Treated.			Number of Cases Discharged.			No. of cases attending at end of year.		Total number of exposures given to all cases attending.	
	Total.	M.	F.	Cured.	Improved.	No Change.	M.	F.	Carbon Arc.	Mercury Vap.
Debility	9	5	4	3	1	1	2	1	63	144
Rickets	3	1	2	...	1	2	...	...	13	...
Anæmia	1	...	1	...	1	...	...	...	26	...
Lung Conditions (Non-Tubercular)	3	2	1	1	...	1	...	1	65	...
Cervical Adenitis (Non-Tubercular)	...	...	...	...	..	...	...	...	...	...
Tubercular Conditions	8	6	2	...	1	4	2	...	45	156
Other Conditions	1	...	1	...	1	...	...	...	...	34
Total	25	14	11	4	5	8	4	2	212	334
SUMMARY.										
Health Department Clinic	198	96	102	37	55	48	33	25	2304	1198
Corporation Hospital Clinic	86	36	50	25	9	1	10	20	4554	1814
Grand Total	284	132	152	62	64	49	43	45	6858	3012

Table 47.

Diagnosis.	Total No. of Cases Discharged.	Percentage.		
		Cured.	Improved.	No Change.
Debility	62	35·5	40·3	24·2
Rickets	13	38·4	38·4	23·2
Anæmia	27	40·8	33·3	25·9
Lung Conditions (Non-Tubercular)	33	36·4	30·3	33·3
Cervical Adenitis (Non-Tubercular)	6	50·0	33·3	16·7
Tubercular Conditions	12	16·6	41·7	41·7
Skin Diseases	5	60·0	20·0	20·0
Other Conditions	17	23·5	41·2	35·3
Grand Total	175	35·4	36·6	28·0

RINGWORM OF THE SCALP.

During the year only 17 fresh cases, the lowest yet recorded, were discovered, the numbers for 1929, 1930, 1931, 1932 and 1933 having been 193, 131, 77, 58 and 21 respectively.

In my Annual Report for the year 1929 it was pointed out that the average period of exclusion per case of scalp ringworm was 84 days, a total of 16,312 school days being lost by reason of this condition. During the year under review the average period of exclusion has been 14 days per case, only 229 school days being lost from this cause.

Although much of the reduction is due to early diagnosis by means of the Woods Glass Filter, close supervision, and X-ray treatment, the incidence has fallen so rapidly that one is perhaps justified in suspecting that influences, other than more efficient diagnosis and treatment, may be at work. The view that a marked reduction in incidence of scalp ringworm is not wholly due to the introduction of X-ray treatment is supported by the fact that a large reduction has occurred in certain areas where X-ray treatment is not available. Painstaking cleanliness inspections, a higher standard of home and personal hygiene, together with growing parental enlightenment, have no doubt contributed to the reduction. Is it also possible that the causal parasite has undergone some change and thereby become weaker and less virulent?

Table 48.

SUMMARY OF CLINIC ATTENDANCES.

ATTENDANCES :

	Minor Ailments	Ophthalmic Clinic	Inspection Clinic	Dental Clinic	Remedial Exercises	Nose and Throat	Total
1920	1012	407	3433	...	...	...	4852
1921	8527	1287	2995	1658	256	159	14984
1922	10801	959	1806	2801	679	99	17145
1923	11264	666	1465	3886	773	251	18305
1924	17143	692	1407	3593	1699	362	25256
1925	22426	743	1818	4900	2848	111	32846
1926	23185	1147	1101	5036	2595	357	33421
1927	24331	1229	1113	3366	4513	265	34817
1928	19562	1239	1028	7604	7776	333	37542
1929	19148	1223	1548	4816	8483	439	35657
1930	18836	1175	1835	5646	9563	713	37768
1931	22699	1236	1459	5402	9514	806	41116
1932	28496	1253	1594	8106	9602	1088	50139
1933	29231	1141	1963	8359	8800	581	50075
1934	19235	1313	1684	8615	8170	448	39465

SPEECH DEFECTS.

I have invited the co-operation of the teachers in ascertaining the number of children showing speech defects—stammering, lisping, nasality, backwardness, etc. No doubt the standards adopted by different teachers vary, but children of 10 years of age and upwards should be free from speech defects, even of slight degree. Young children frequently stammer at the beginning of their school careers; lisping and " baby language " are also common and are not necessarily to be regarded as serious at this stage. Parents should take great care to articulate correctly when talking to their children once the latter have definitely acquired the ability to speak. They should also avoid using baby language; in this way they will provide a "good model" on which their children may base their own speech. The few cases of baby talk cited in the older groups have been included among the lispers; stammering and stuttering have been grouped together as they are essentially the same.

The findings are classified in Table 49, and are shown for Age Groups 4—6 ^{11}, 7—9 $\frac{11}{12}$, 10—14 years.

Table 49.

SPEECH DEFECTS.

Number of Children on Rolls, 15,676.

Age Grcups	4—6		7—9		10—14		Total
	B	G	B	G	B	G	
(1) Stammer—							
Slight	17	1	13	5	22	7	65
Moderate	1	1	6	1	18	7	34
Severe	3	1	1	4	8	3	20
(2) Lisp—							
Slight	11	2	23	16	17	10	79
Moderate	2	2	3	2	4	4	17
Severe	5	...	3	2	3	1	14
(3) Baby talk—							
Slight	21	8	...	...	...	...	29
Moderate	10	7	...	...	...	...	17
Severe	4	...	..	...	...	...	4
(4) Cleft Palate	2	1	1	2	6	4	16
(5) Nasal Speech	1	...	2	...	1	4	8
(6) Unclassified, backward and defective speech	7	3	2	2	5	3	22
(7) Feeble-minded and backward children with defective speech	2	...	...	1	3	1	7
Total	86	26	54	35	87	44	332

The incidence of speech defects among the Blackburn school children of all ages is approximately 2 per cent.

STAMMERING.

Stammering is "faltering or stumbling in speech, making one or more involuntary repetitions of a consonant or vowel before being able to pass from it to the following sound." It is due primarily to a "nervous disposition," is often imitative, and in some instances may be a "way of escape" from difficulties.

The incidence of stammering in school children is usually quoted as 1 per 100 children; in Blackburn it is 1 per 130 children. It will be noted that boys are more often affected than girls, in the ratio of 3 to 1.

During the past two years the cases of 52 stammering children have been investigated by the School Medical Department, the parents being interviewed in regard to the history.

In this series there were 41 boys and 12 girls, their ages, with four exceptions, ranging from 10 to 14 years. In 34 the stammer was regarded as severe, in 8 as moderate, and in 11 as slight. A history of late onset of speech was given in 11 cases, and in three of these the stammer dated from this time, while 12 other children gave a history of stammering from their beginning to talk at normal age.

A positive family history of stammering was a very prominent feature of the findings occurring in as many as 33 instances. In 10 of these cases the stammerer was a member of the child's own family, in 14 a more distant relation (grandfather, cousin, etc.), while 9 of the children concerned had stammering relatives in both groups. Some of these had since recovered, and of the 33 children involved 7 had had no contact with stammering relatives or associates, and a further 8 are said to have had very slight or indefinite association with such persons.

It is clear that imitation plays an important part in the causation of this complaint. Twenty-seven of the children had had, prior to their developing the defect, association with stammerers, but in 8 of them the contact was very slight or indefinite.

Positive family history. No known contact with stammerer.	Negative family history. Known contact with stammerer.	Positive family history.		Negative family history. No known contact.
		Known contact with stammerer.	Indefinite or very slight contact.	
7	3	18	8	17

Though the numbers concerned are small, it would appear that contact with stammerers has at least equal importance with family tendency as a causative factor.

The relatives of 32 of the children attributed the onset of the stammering to some definite cause, but in many instances it may be a case of *post hoc propter hoc.*

The causes ascribed were :—

Contact with stammerer	9
Infectious diseases	5
Operations	3
Injuries (2 being injuries of the mouth)	5
Shocks	5
Others	5

Of the 23 cases attributing a cause other than known contact with a stammerer, there were 12 who had either a positive family history or known association with stammerers.

Place in family does not appear to have been of any significance in this series. Twenty-nine children were first in the family, but the distribution of the families concerned in regard to number in family is such that no importance can be attached to this. There were 8 families of one child, 22 of two children. 13 of three, and 9 of four or more. (Two brothers from the series were in a family of three).

Rheumatism (including chorea) and worms have been suggested as causative factors, but in no case in the series here discussed did rheumatism precede the stammer, and worms did not appear to be of any causal significance.

Three children were left-handed; one of these had been converted from left-handedness to dexterality, and in another an unsuccessful effort had been made, which may have been the causal factor in the stammering, since there was no other assignable cause. Left-handness in relations was not uncommon (11 cases). Seven of the children were mentally backward, and three others suffered from enuresis.

To summarise:—Of 53 stammering children investigated

(1) 15 (28%) stammered from the onset of speech.

(2) 33 (62%) gave a positive family history of stammering.

(3) 21 (40%) gave history of definite and 8 (15%) of slight or indefinite association with stammering persons.

(4) 23 (44%) attributed the stammer to some cause other than such association, but half of these children had also a positive family history or known contact with stammerers.

(5) Rheumatism, worms, and left-handedness are not regarded as having had any significance in the production of the stammer. Conversion from left-handedness to dexterality may have been the causal factor in one case.

In this small series family history and contact with stammerers appear to be of equal significance as causal factors.

In Blackburn, the Berquand method of treating stammering has been employed since 1908, when Miss Drummond, your teacher, was trained by M. Berquand. The six weeks' special course is now followed by six revision classes at monthly intervals.

I am satisfied that, to secure satisfactory and lasting results, a prolonged period of supervision by the teacher should be arranged, even to the end of the child's school career.

Lisping.

Lisping, defined as difficulty with certain letters such as c, l, r, s, sh, ch, th, in their combinations, and the dropping or slurring of difficult sounds, or the substitution of one sound for another, such as the putting of s for z, d for g, etc. (Dr. James Kerr), is not very uncommon among Blackburn school children, even in the older age groups.

Cleft Palate Speech.

In normal speech the soft palate plays an important part in shutting off the nasal passages, except during the production of nasal sounds. Children having cleft palate are, therefore, clearly greatly handicapped in regard to speech by their anatomical defect, but much can be done for them by suitable speech training, after closure of the cleft either by operation or by the use of an obturator (a dental plate fitted to the roof of the mouth). This closure is to be regarded as but the beginning of the treatment. As a rule by the time this is effected the child has learnt to speak and to speak "through the nose." It is essential that this nasality should be overcome as soon as possible.

There are 16 children (9 boys and 7 girls) attending the Blackburn Elementary Schools who are known to have or to have suffered from cleft palate, this representing an incidence of approximately 1 per 1,000 children on the rolls. In addition to these, there is one child with an acquired perforation of the palate, and one with a very short cleft of the soft palate, scarcely more than a bifid uvula. Bifid uvula, which is not at all uncommon, and does not inconvenience the child, is not here discussed.

Of the 16 children in the series, 10 have had one or more operations on the palate, and one has had an obturator fitted. The speech of 4 (all operation cases) is fair, but that of all the others is very defective.

It is interesting to note that although all of the 5 children who had complete cleft palate with hare lip have had operation on the lip, only 2 have had the palate treated. Operation on the palatal defect should be urged in all cases at an early age (about 2 to 3 years). In addition to these 5, there are 6 having both soft and hard palate affected, and in the remainder (5) only the soft palate is involved.

Three of the children are feeble-minded, one of them showing also congenital cataract and deafness, and another coming of a family with a history of miscarriage and still births.

NASALITY.

Nasality in speech may be due to other causes, as, e.g., a residual defect of enlarged tonsils and adenoids after operative treatment, or due to some functional immobility of the soft palate, or to post diphtheritic paralysis.

RECOMMENDATIONS.

Speech defect of any kind is a severe handicap to the adolescent in search of employment.

Attention is paid to children affected with stammer, for whom special classes have been held in the Borough over a period of 26 years. Stammering is but one of many forms of speech "crippling," all of which call for some remedial measure. Since orthophonic treatment can do much to improve speech defect (lisping, nasality, and cleft palate spech, etc.), you may consider it advisable to form a special class or classes for children thus affected.

Section 7.

PROVISION OF MEALS.

During the year 636 necessitous children and 204 other cases received 61,656 and 23,144 meals respectively, provided by the Local Education Authority.

Children in need of free meals are referred to the Education Department by the School Medical Officers. Enquiries into the financial circumstances of children thus recommended are made by the Education Department, and arrangements are then effected for the provision of meals.

Dietaries are drawn up by the School Medical Officer and Director of Education in collaboration with members of the Domestic Science School Staff.

The arrangements made are adequate and results obtained are satisfactory.

CO-OPERATION OF PARENTS.

The presence of parents is encouraged at both School Medical Inspections and at the various Clinics. For the most part the parents have been appreciative of the work of the Department and have followed the advice given by the Staff.

CO-OPERATION OF TEACHERS.

The work of the School Medical Service has been greatly facilitated by the assistance of the Teachers at the Routine Inspections and by the information they have supplied concerning cases of infectious disease and of special cases amongst their scholars.

The special thanks of the Department are due to all the Teachers who, by their enthusiasm, have rendered the anti-diphtheria campaign amongst the school population so successful.

The influence of Head Teachers with the parents secures the attendance of children at the various Clinics and thus obviates the necessity of much " following up " and home visitation by the School Nurses.

The School Medical Department has done all that is possible to reduce interference with school routine, and the wishes of school teachers as regards date and time of inspection have been met as far as possible.

CO-OPERATION OF THE SCHOOL WELFARE OFFICERS.

Information gained by the School Welfare Officers in the course of their home visits is passed to the School Medical Department and greatly facilitates the work of the staff. Their co-operation in securing attendance of children at the Clinics is most valuable and has done much towards securing treatment of defects discovered at routine medical inspections or reported by the teachers.

CO-OPERATION OF VOLUNTARY BODIES.

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

I am indebted to the Honorary Secretary for the particulars below. I would like to express the thanks of the members of the School Medical Staff for the unfailing help rendered by this Society and their Inspector, Mr. King.

Table 50.

CASES REPORTED BY OFFICIALS OF SCHOOL MEDICAL DEPT.	31
Dealt with as follows—	
Warned and supervised	31
Admitted to Hospital	—
Dropped	—
Total	31

CLASSIFICATION OF COMPLAINTS.

Neglect to provide Glasses	12
Neglect to provide Medical Aid	11
Neglect (verminous)	8

THE AFTER-CARE SUB-COMMITTEE OF THE JUVENILE EMPLOYMENT COMMITTEE.

The above Committee have co-operated most closely in furthering the aims of the School Medical Service. The interest taken by the members of the Committee in the after-care of school-leavers has, as always, been of the greatest service to the Staff of the Medical Department.

LICENSING OF CHILDREN FOR ENTERTAINMENTS.

One troupe of 10 children, residing outside the Borough, was granted permission to take part in entertainments at the Grand Theatre.

The apartments and dressing-rooms were inspected by Welfare Officers and the children were found to be in good health and well cared for

The Licences, Birth, Medical and School Certificates were produced in each case and found to be in order.

Seven applications were made by the principals of local Schools of Dancing, etc., and permission was granted to 15 of their pupils to take part in charity performances in the district.

Blackburn Crippled Children's Aid Society.

This organisation has again co-operated most usefully with the School Medical Department and has rendered invaluable aid by the provision of splints and appliances for needy children. In addition their services have included the " following up " of crippled children in their homes.

Section 8.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Full statistical details regarding blind, deaf, defective and epileptic children will be found in Table III. required by the Board of Education, in the Appendix.

Blind Children.

One girl is an inmate of the Home for the Blind, Fulwood, Preston.

Two boys and two girls are inmates of the Catholic Blind Asylum, Liverpool, one boy and one girl having been admitted during the year.

Nine blind Blackburn persons (6 males and 3 females) are at present undergoing training at the local Workshops for the Blind. In addition one blind person, resident in Blackburn, is receiving instruction at Henshaw's Institution. On completion of training (the cost of which is borne by the Local Education Authority) these trainees will be found employment by the Blind Persons Act Committee either as home-workers or as workshop employees.

All trainees between the ages of 16 and 20 years, attend two classes per week in general educational subjects. Discussion of current topics forms an important part of the curriculum. In addition, all trainees, irrespective of age, attend three classes in Braille and Moon each week.

The appended Table gives particulars of blind persons resident in the Borough and employed under the Scheme of the Blind Persons Act Committee :—

	Workers.	Trainees.
1. Employed at the Blackburn Workshops—		
(a) Knitting Department	16	5
(b) Brush Department	16	8
(c) Skip Department	9	—
2. Employed as Home-Workers	4	—

DEAF CHILDREN.

Five boys are inmates of the Royal Cross School, Preston. Two boys, who were also suffering from mental defect, and one girl, were discharged during the year, and one boy was admitted for a period for special speech training.

At the end of the year one deaf and dumb girl from Blackburn was in the St. John's R.C. Institution for the Deaf and Dumb, Boston Spa.

EPILEPTICS.

Six children suffering from severe Epilepsy attend no school, and two are in attendance at ordinary Elementary Schools.

MENTALLY DEFECTIVE CHILDREN.

The supervision of mental defectives not attending school is carried out, on behalf of the Mental Deficiency Act Committee, by the Central Lancashire Association for Mental Welfare.

The arrangements were described in the Annual Report for 1933.

From time to time delinquent and difficult children are referred to the School Medical Department for investigation in regard to mental state.

Comprehensive information about such children can be best obtained by full examination at a Child Guidance Clinic, where suitable treatment can be given. At such a Clinic, a psychiatric physician, a psychologist, and a trained social worker all collaborate in studying the life history, the mental state, and the environmental circumstances (home, school and elsewhere) of the child.

There is little doubt that a Child Guidance Clinic in Blackburn would be most useful.

Certain cases have been referred to the Neurologic Physician (Dr. Fairweather) at the Blackburn Royal Infirmary, and his assistance has been both greatly valued and willingly accorded.

PARTICULARS WITH REGARD TO REGENT STREET SPECIAL SCHOOL.

The School can accommodate 80 children. At the beginning of 1934 there were 13 children on the School roll, and at the end of the year 12. The following table gives particulars of the present condition of the 279 children discharged from the Regent Street School since 1910:—

ANNUAL RETURN OF THE AFTER-CAREERS OF CHILDREN FORMERLY ATTENDING SPECIAL SCHOOLS.

	School: Regent Street Special School. Boys.	Girls.
1. No. of children who have left the school since 1910 or since the date of certification	183	96
2. No. who		
(*a*) have since died	19	11
(*b*) are known to be incapable by reason of mental defect of undertaking employment	8	6
(*c*) in attendance at an Institution for further education	1	2
(*d*) are in other Institutions	26	12
3. No. employed in		
(*a*) industrial or manual occupations	50	22
(*b*) agricultural or rural occupations	11	—
(*c*) domestic occupations (including those who are helping in domestic work at home)	1	25
(*d*) commercial, professional or clerical work	8	—
(*e*) "blind alley" or precarious occupations	9	2

4.	No. who have left the neighbourhood or whose after-careers have not been traced	38	14
5.	Discharged (Unsuitable for Regent Street School)	6	1
6.	Unemployed owing to Trade Depression	6	1

INDUSTRIAL SCHOOLS.

Two boys were in the Wellesley Nautical School, Blyth, Northumberland, at the end of the year, one having been discharged during the year.

There are now four boys from Blackburn at the St. George's R.C. Industrial School, Freshfield, Liverpool. Four boys are at the Axwell Park Industrial School, Newcastle-on-Tyne, two having been discharged during the year. Three boys are at the Shadwell Industrial School for Boys, Leeds; and four at the Netherton Training School, Newcastle, one at Pontville Special School, Ormskirk, one at St. Aidan's Reformatory School, Farnworth, one at the Home Office Approved School, St. Helens, and two at St. William's Reformatory, Market Weighton, East Yorkhire.

There are now two girls from Blackburn in the Thorparch Grange Industrial School, Boston Spa.

PHYSICALLY DEFECTIVE CHILDREN.

Particulars of all exceptional children in the area will be found in Table III. on pages 82 and 83 of this Report.

Section 9.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Shortly before the school-leaving age is reached juvenile employment cards are completed by the Assistant School Medical Officer, who examined 1,442 chidren for employment during 1934.

The number of children licensed for employment out of school hours during the year was 411 (405 boys and 6 girls), the majority are engaged in the delivery of milk, newspapers, groceries, etc.

In 25 cases certificates were refused on account of the children being medically unfit.

Table 51.

CHIEF CAUSES OF EXCLUSIONS FROM SCHOOL.

Condition	Exclusions carr. fwd. from 1933	1934		Still excluded Dec. 1934	1934 % of total exclusions	1933 % of total exclusions
		Excln's	Returns			
Ringworm—Head	...	13	9	4	0·53	0·26
,, Body	...	16	14	2	0·65	0·14
Verminous condition ...	3	104	104	3	4·23	4·86
Impetigo	6	22	25	3	0·89	1·74
Scabies	...	8	8	...	0·33	0·33
Small Pox	...	28	28	...	1·15	...
Scarlet Fever	105	853	791	167	34·66	17·91
Measles	...	55	55	.	2·29	51·71
Diphtheria	11	129	116	24	5·24	3·54
Whooping Cough	26	172	176	22	6·98	3·73
Chicken Pox	29	921	941	9	37·49	13·33
Mumps	..	16	16	...	0·65	0·43
External Eye Disease ...	3	14	16	1	0·57	0·67
Sore Throat	..	6	6	...	0·30	0·17
Other Causes	4	97	93	8	3·94	0·76
Ear Defects	1	4	5	...	0·28	0·38
Total	188	2458	2403	243	...	...

The number of exclusions by reason of infectious diseases includes those from the same household who have been excluded as contacts.

SECONDARY SCHOOLS.

Medical Inspections have been carried out at the Grammar School, the High School for Girls and its preparatory branch at Crosshill, all of which are aided by the Local Education Authority. Medical Inspections are not carried out at the other Secondary Schools in the Borough, namely, the Convent of Notre Dame and St. Mary's College for Boys.

Two hundred and eighteen boys were examined at the Grammar School and 144 children at the Girls' High School and Crosshill. At the High School and Grammar School the pupils are examined as entrants, at the age of 12 years, and also at the age of 15 years; a special inspection embraces those over 15 years of age who are leaving school during the year.

SECONDARY SCHOOLS.

Table 52.

Return of Defects found in the Course of Medical Inspection, 1934.

Defect	Males			Females		
	No. requiring Treatment	No. referred for Observation	Percentage of Total	No. requiring Treatment	No. referred for Observation	Percentage of Total
Malnutrition	..	...	...	...	...	...
Uncleanliness :—						
Head	...	...	...	...	...	...
Body	...	...	...	...	...	...
Skin Disease	...	...	...	...	...	...
Eye Diseases :—						
Defective Vision	14	7	9·6	16	...	11·1
Squint	..	1	0·4	...	...	...
External Eye Disease	1	1	0·9	...	...	...
Ear Diseases :—						
Deafness	...	...	...	3	...	2·1
Otitis Media	...	...	...	...	...	...
Other Diseases	...	...	..	...	...	...
Nose and Throat :—						
Enlarged Tonsils	5	15	9·1	2	29	21·5
Adenoids	...	...	...	...	5	3·4
Adenoids & Enl. Tonsils	...	...	...	...	...	...
Enlarged Cervical Glands	...	...	...	...	...	...
Dental Defects	7	...	3·0	43	2	31·2
Heart and Circulation :—						
Organic	...	...	...	...	...	...
Functional	...	...	...	...	1	0·7
Anæmia	...	1	0·4	...	...	...
Bronchitis	...	...	..	...	...	...
Other Non-Tubercular Pulmonary Disease	...	...	...	...	...	...
Pulmonary Tuberculosis	...	...	...	...	...	...
Spinal Tuberculosis	...	...	...	...	...	...
Nervous System Disorders (including Epilepsy, Chorea, etc.)	...	...	...	...	...	...
Deformities :—						
Spinal Curvature	1	...	0·4	7	...	4·8
Pigeon Chest	...	...	...	...	...	
Flat Foot	...	...	...	14	...	9·7
Others	...	...	...	12	...	8·3
Other Defects or Diseases	1	...	0·4	..	...	...
Totals	29	25	...	97	37	...
Total Children Examined	218			144		

Table 53.

FOLLOWING-UP.

CASES REFERRED FOR TREATMENT AND FOLLOWED UP.

Disease or Defect	Treated. Cured.		Treated. Improved.		Treated. Not Improved.		Not Treated		Total	
	M.	F.	M.	F.	M.	F.	M.	F	M.	F.
Defective Vision	3	4	1	3	...	...	...	1	4	8
Decayed Teeth .	7	5	...	2	...	...	...	4	7	11
Enlarged Tonsils	4	1	3	...	...	...	1	...	8	1
Mouth Breathers	...	...	...	...	...	...	...	...	...	...
Other Nose and Throat	...	...	...	...	...	...	...	...	...	...
Chorea	...	..	...	...	...	...	...	...	...	..
Ear Defect	...	...	...	...	...	...	...	...	...	...
Spinal Curvature		...	...	...	...	...	...	...	...	...
Other Deformities	...	...	...	...	...	...	...	...	...	...
Skin Diseases	...	...	...	...	1	...	...	...	1	...
Anæmia	...	...	...	...	...	...	..	...	...	...
Other Defects ..	...	...	...	...	...	...	...	...	...	...
Lung Defect Non.-T.B.	...	...	...	...	...	...	...	...	...	...
Total	14	10	4	5	1	...	1	5	20	20

Table 54

CASES KEPT UNDER OBSERVATION.

Disease or Defect	Total		Referred for Treatment		Still to be kept under observat'n		Not for further observation	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Defective Vision	2	...	1	...	...	...	1	...
Enlarged Tonsils	6	2	...	...	2	1	4	1
Rickets	...	...	...	...	...	...	...	...
Non.-T.B. Lung Defects.	...	...	...	...	...	...	...	...
Heart Defects—								
Organic	...	...	...	...	...	...	...	...
Functional	3	...	...	...	...	...	3	...
Anæmia	...	...	...	...	...	...	...	...
Defective Teeth...	6	1	1	...	1	1	4	...
Other Defects ...	...	...	...	...	...	...	...	...
Enl. Cervical Glands	2	...	1	...	...	...	1	...
Spinal Curvature	...	1	...	1	...	...	...	...
Total	19	4	3	1	3	2	13	1

Table 55.

COMPARISON BETWEEN THE RESULTS OBTAINED IN THE ROUTINE MEDICAL INSPECTION OF ELEMENTARY AND SECONDARY SCHOOL CHILDREN.

(Percentages of Defects).

Condition	Elementary		Secondary	
	M	F	M	F
Uncleanliness—				
Head	3·3	26·0	...	...
Body	1·7	1·4	...	...
Defective Vision	12·1	13·7	9·6	11·1
Defects of Nose and Throat	45·3	36·5	9·1	24·9
Circulatory System Defects	15·5	15·7	0·4	0·7
Pulmonary System Defects (Non-Tubercular)	8·5	5·2	...	...
Ear Disease and Deafness	1·9	1·7	...	2·1
Dental Defects	22·3	18·3	3·0	31·2
Skin Diseases	2·3	2·5	...	...

HEALTH PROPAGANDA.

During the year medical officers on your staff have addressed many children on health matters.

In addition, lectures on mothercraft and hygiene have been given by the Health Visitors to elder girls in attendance at the Central Schools.

Blackburn Head Teachers take a great interest in health matters and, in consequence, hygiene talks play an important part in the normal educational curriculum.

PAYMENTS.

Parents of children attending Public Elementary and Central Schools contribute (according to their means) towards the cost of provision of spectacles and of tonsil and adenoid operations when performed at Queen's Park Hospital. All other forms of treatment are free.

Treatment is not generally available for pupils attending Blackburn Secondary Schools, although Scholarship children may, at the discretion of the Education Committee, receive free treatment under the Local Education Authority's Scheme.

EXAMINATION OF SCHOLARSHIP CANDIDATES.

There is no routine examination of scholarship candidates. Children awarded Eli Heyworth, Daniel Thwaites, Peel, J. E. Fielding or Leyland Foundation Scholarships are medically examined before higher education is begun.

DEATHS OF SCHOOL CHILDREN, 1934.

Diphtheria	2
Non-Pulmonary Tuberculosis	2
Pulmonary Tuberculosis	1
Heart Disease	2
Pneumonia	1
Bronchitis	2
Accidents	2
Smallpox	2
Meningitis	2
Scarlet Fever	1
Other Diseases	7

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1934, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified	4

ANALYSIS OF THE ABOVE TOTAL.

Diagnosis.	*Boys.*	*Girls.*
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School:		
(*a*) Idiots	—	—
(*b*) Imbeciles	1	2
(*c*) Others	—	—

(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:			
(*a*) Moral Defectives	—	...	—
(*b*) Others	—	...	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16...	1	...	—
3. Feeble-minded children notified under Article 3, *i.e.*, "special circumstances" cases	—	...	—
4. Children who in addition to being mentally defective were blind or deaf	—	...	—
GRAND TOTAL	2		2

Returns for the Board of Education of Work done during 1934.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—*Routine Medical Inspections.*

Number of Code Group Inspections—	
Entrants	1470
Second Age Group	1223
Third Age Group	1442
Total	4135
Number of other Routine Inspections	—

B.—*Other Inspections.*

Number of Special Inspections	5737
Number of Re-Inspections	7363
Total	13100

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1934.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	92	20	28	3
SKIN.				
Ringworm : Scalp	3	...	29	...
Ringworm : Body	1	...	27	...
Scabies	...	...	8	...
Impetigo	10	...	223	...
Other Diseases : (Non-Tuberculous)	51	...	84	...
EYE.				
Blepharitis	85	...	20	...
Conjunctivitis	3	...	71	...
Keratitis	...	...	...	...
Corneal Opacities	3	...	2	...
Defective Vision (excluding Squint)	386	161	215	19
Squint	104	7	65	4
Other Conditions	24	1	117	1
EAR.				
Defective Hearing	75	1	97	1
Otitis Media	55	...	61	...
Other Ear Diseases	41	...	158	...
NOSE AND THROAT.				
Chronic Tonsillitis Only	214	605	96	40
Adenoids Only	6	16	7	8
Chronic Tonsillitis and Adenoids	27	20	11	2
Other Conditions	72	68	17	5
Enlarged Cervical Glands (Non-Tuberculous)	5	21	4	9
Defective Speech	12	4	3	10
HEART AND CIRCULATION.				
Heart Disease : Organic	10	53	5	10
Heart Disease : Functional	...	134	..	17
Anæmia	53	37	47	4

Table II.—(Contd.).

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
LUNGS.				
Bronchitis	73	73	32	4
Other Non - Tuberculous Diseases	1	2	7	2
TUBERCULOSIS.				
Pulmonary :				
Definite	...	..	2	...
Suspected	...	...	7	6
Non-Pulmonary :				
Glands	1	...	7	3
Bones and Joints	1	...	1	...
Skin	1	1	...	...
Other Forms	...	3	2	...
NERVOUS SYSTEM.				
Epilepsy	1	...	3	...
Chorea	1	4	7	4
Other Conditions	6	7	1	...
DEFORMITIES.				
Rickets	38	16	1	...
Spinal Curvature	82	65	8	3
Other Forms	7	2	2	1
Other Defects or Diseases ...	111	95	1592	8
	1655	1416	3082	164

Table II.—(Contd.).

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (excluding Uncleanliness and Dental Diseases).

GROUP	Number of Children	
	Inspected	Found to require treatment
1	2	3
PRESCRIBED GROUPS :—		
Entrants	1470	387
Second Age Group	1223	414
Third Age Group	1442	532
Total (Prescribed Groups)	4135	1333

Table III.

Return of All Exceptional Children in the Area.
Children Suffering from Multiple Defects.

H.B., Feeble-minded, Epilepsy. In Special School for Feeble-minded.
W.K.C., Deaf and Dumb, Cripple. In Residential School for Deaf and Dumb.
A.J., Mental Defective, Cripple. At no School or Institution.
F.A., Mental Defective, Cripple. In Institution.
V.M., Feeble-minded, Heart Disease. At Public Elementary School.
A.O., Mental Defective, Non-Pulm. T.B. At no School or Institution.
T.P., Feeble-minded, Epilepsy. In Special School for Feeble-minded.
R.P., Cripple, Epilepsy. At no School or Institution.
D.S., Feeble-minded, Epilepsy. At no School or Institution.
W.Y., Feeble-minded, Cripple. In Special School for Feeble-minded.
H.D., Feeble-minded, Epilepsy. In Institution.

TABLE III.—(Contd.).

	At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Certified Schools for Mentally Defective Children.	At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
Blind Children	5	...	...	...	...	...	...	...	...	5
Partially Blind Children	...	19	...	...	...	...	4	...	1	24
Deaf Children	...	...	4	...	...	...	1	...	...	5
Partially Deaf Children	...	...	...	...	...	...	4	...	...	4
Mentally Defective Children—Feeble-Minded Children	...	...	...	...	10	...	16	2	7	35
Epileptic Children—Children Suffering from Severe Epilepsy	...	...	...	...	...	1	6	...	4	11
PHYSICALLY DEFECTIVE CHILDREN.										
A.—Tuberculous Children										
I.—Children suffering from Pulmonary Tuberculosis	...	...	...	...	...	2	6	...	2	10
II.—Children suffering from Non-pulmonary Tuberculosis	...	...	...	...	...	6	28	1	6	41
B.—Delicate Children	...	...	...	...	...	...	159	...	4	163
C.—Crippled Children	...	...	...	...	...	13	52	...	8	73
D.—Children with Heart Disease	...	...	...	...	...	2	27	...	8	37

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1934.

Treatment Table.

Group I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.).

Disease or Defect (1)	No. of Defects treated or under treatment during the year. Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
SKIN—			
Ringworm— Scalp	31	...	31
Ringworm—Body	27	...	27
Scabies	9	...	9
Impetigo	227	...	227
Other Skin Diseases	126	...	126
MINOR EYE DEFECTS— (External and other, but Excluding cases falling in Group II.)	242	...	242
Minor Ear Defects	377	3	380
MISCELLANEOUS (*e.g.*, Minor Injuries, Bruises, Sores, Chilblains, etc.)	1274	...	1274
Total	2313	3	2316

TABLE IV.—(Contd.).

Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Disease or Defect.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
1)	(2)	(4)	(5)
Errors of Refraction (including Squint). (Operations for Squint should be recorded separately in the body of the Report.)	813	18	831
Other Defect or Disease of the Eyes (excluding those recorded in Group I)...	25	1	26
Total	838	19	857

Total number of children for whom spectacles were prescribed:

(*a*)	Under the Authority's Scheme (on 1st Exam.) ...	350
(*b*)	Otherwise	18

Total number of children who obtained or received spectacles:

(*a*)	Under the Authority's Scheme	329
(*b*)	Otherwise	18

Group III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received Operative Treatment				
Under the Authority's Scheme, in Clinic or Hospital (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme (2)	Total (3)	Received other forms of treatment (4)	Total Number treated (5)
230	4	234	119	353

TABLE IV.—(Continued.)

Group IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of children treated.
UNDER THE AUTHORITY'S SCHEME—	
Residential treatment with education	30
Residential treatment without education	3
Non-residential treatment at an orthopaedic clinic	207
OTHERWISE—	
Residential treatment with education	—
Residential treatment without education	—
Non-residential treatment at an orthopaedic clinic	—
Total number treated	240

Group V.—DENTAL DEFECTS.

1. Number of children who were :—

(*a*) Inspected by the Dentist :

	Aged:	1934.
Routine Age Groups	5	—
	6	763
	7	730
	8	724
	9	795
	10	763
	11	844
	12	1020
	13	681
	14	122
	Specials	2412
	Grand Total	8854

(*b*) Found to require treatment 6845

(*c*) Actually treated 5623

2. Half-days devoted to : Inspection ... 85 / Treatment ... 825 } Total ... 910

3. Attendances made by children for treatment 8115

4. Fillings : { Permanent Teeth ... 3040 / Temporary Teeth ... 131 } Total ... 3171

5. Extractions : { Permanent Teeth ... 1636 / Temporary Teeth ... 7399 } Total ... 9035

6. Administrations of general anæsthetics for extractions... Nil.

7. Other operations : { Permanent Teeth ... 1166 / Temporary Teeth ... 46 } Total ... 1212

Group VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

i. Average number of visits per school made during the year by the School Nurses 11

ii. Total number of examinations of children in the Schools by School Nurses 50810

iii. Number of individual children found unclean 8854

iv. Number of children cleansed under arrangement made by the Local Education Authority 7

v Number of cases in which legal proceedings were taken :
(*a*) Under the Education Act, 1921 5
(*b*) Under School Attendance Byelaws 2

APPENDIX.

THE MAINTENANCE OF A CONTINUOUS MEDICAL RECORD IN SCHOOL CHILDREN.

By. DR. E. D. IRVINE.

This is the outline of a method intended to ensure the maintenance of a continuous record of the medical history of children—a method we hope to introduce when opportunity arises.

The complete usefulness of medical observations is not realised if they be used solely in regard to the condition under consideration; but only if recorded for future use, either in regard to the patient himself, or for review in enquiries of a medical character.

For the school child and the school medical service to secure the maximum advantage of the various medical examinations made during the child's life, it is essential that his whole history should be presented in a continuous and concise form, available on every occasion that the child is presented for medical inspection.

If, as has been suggested, the school medical records be made available for subsequent use by medical practitioners, e.g., at Juvenile Instruction Centres or by factory medical officers, panel practitioners, etc., such presentation of the medical notes will become a necessity.

It is clear that for greatest value and convenience, all the really essential details should be noted on a card designed for both routine and special medical inspections (either at school or at the various clinics), and the card here described indicates a method of securing the desired end. Such cards would be filed in the School Medical Officer's Department, and not at School.

COUNTY BOROUGH OF BLACKBURN.

Date of Birth / /

NAME .... (Surname first)

School ....

Father's Occupation ....

ADDRESS ....

Date Admitted to School ....

CLINICS: DIAGNOSIS. RESULT. DATE. File No.

ANTE-NATAL.

Injuries .... Toxaemias ....

Labour ....

FAMILY HISTORY.

....

....

CHILD WELFARE RECORD

Feeding Artificial ....

Feeding Breast .... Easy/Difficult ....

Indigestion .... Bronchitis ....

Hernia .... Rickets ....

Operations .... Fits ....

....

Measles .... Whooping Cough .... Scarlet Fever ....

Diphtheria .... Chicken Pox .... Acute Rheumatism ....

Other Diseases .... Chorea ....

.... Growing Pains ....

.... Fits (sincs infancy) ....

GENERAL NOTES (Inspection Clinics, etc.). ....

OPHTHALMIC.

ULTRA-VIOLET LIGHT.

MINOR AILMENT.

EXCEPTIONAL CHILD.

Operation Tonsils/Adenoids		
Followed by Br. Exercises.		
Immunised against	Diphtheria	
	Scarlet Fever	
Vaccination.		
Fit for Part-time Work.		

The spaces left blank under the headings Clinics are intended for use as required, e.g., for Tuberculosis Dispensary, Ringworm Clinic, Rheumatic Clinic, and in the event of Exceptional Dental disease.

On the reverse of the card is the schedule for routine medical inspections, which is a modification of that suggested by the Board of Education.

It is impossible, under existing circumstances, to obtain the *complete* history of all children. In the Blackburn County Borough roughly 33% of expectant mothers attend the Ante-Natal Clinic, and 70% of infants under one year attend the Maternity and Child Welfare Centres.

For completeness, the history must include all the information available to the Health and School Medical Departments. From the Ante-Natal Clinics can be ascertained a history of maternal injuries, shocks, toxæmias, etc. By arrangement with the staffs of Municipal Maternity Homes, Municipal Hospitals and Public Assistance Committee Hospitals, similar information concerning the expectant and nursing mothers there would be readily available. From the Child Welfare Clinics, details re prematurity, difficult labour, asphyxia at birth, the feeding (breast, part breast, or all artificial, and whether easy or difficult), indigestion, syphilis, hernia, phimosis, vaccination, infectious diseases, protection against diphtheria and the like, can be obtained. Such information would be recorded, at convenient times, by the responsible medical officer in a small schedule printed on the clinic card and reserved for subsequent transference to the routine school inspection card by the clerk of the school medical department. The medical history supplied by the parents on the child's admission to school yields information particularly valuable in the case of those who have never attended the clinic.

Once school age is reached, whether the child attend nursery school, or ordinary elementary school, observations at routine or special inspections would be recorded in the appropriate places on the card, while treatment and observation recommended would be indicated in some recognised fashion, e.g., "T.," "O." When a child has been advised to attend any special clinic, other than the minor ailment clinic, under the Authority, a " reference card " for the particular child would be made out, and this would be sent to the clinic concerned. At a later date, this card would be completed by the responsible officer of the clinic, giving the required information (diagnosis, treatment, file number of patient—as filed in the clinic's own records—and result, which, if unsatisfactory, would be followed by any apparent reason for this). This card would then be returned to the central office and the notes transferred to the routine card. The more important conditions treated at the Minor Ailment Clinic, such at otorrhœa, corneal ulcer, severe dermatitis, should be briefly noted on the routine card. It should be possible by arrangement with the municipal, public assistance, or voluntary hospitals to obtain a monthly schedule of children discharged from these institutions, stating the diagnosis made and the result of treatment, eg., appendicitis —operation. Such information, undoubtedly of great importance, and also opinions of the physicians and surgeons of these hospitals on cases referred to them should be preserved by recording them on the card.

The card would be made out when the child is admitted to school and all the notes previously made concerning him (abstracts from the records of the ante-natal and maternity and child welfare centres, etc.) transferred to them, reliance being placed, for information concerning infectious disease, on the admission history supplied by the parents. [This history is often unreliable; to make out the record cards at the time the Medical Officer of Health receives notification of the birth and then to record from time to time details as above, and also in regard to infectious disease, would involve much more labour, but might prove a useful modification.] The occurrence of infectious disease would be recorded on the card by the clerk on his receiving notification from the doctor, or, where reliable, from other sources such as teachers and parents, simply stating the month and year of its occurrence.

The difficulties are not negligible, but, given goodwill and co-operation, they can be overcome, especially in those areas in which the School Medical Officer is also Medical Officer of Health. Conscientiously applied, this scheme would enable the School Medical Officer to have, at any moment, a useful knowledge of the child's medical career to date; and this convenient marshalling of the relevant facts would prove very valuable in any enquiry concerning disease in school children, or concerning the "after history" of children suffering from any particular complaint.

Alternative schemes, such as the collecting of each child's various clinic records in one folder, or the abstracting of details of defects and transferring them to a "summary card" or "defect card,'' do not seem to me to be so useful. The former method would involve a great deal of work when searching for relevant material, and the bulkiness of the records would be not unimportant. The latter fails in respect to enquiries in which negative findings may be as important as the positive. This method also involves as much clerical labour as the scheme here outlined.